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Drs. Neal and Francine Kaufman, (below and below right), along with Nancy Larco, M.D. (far right in group photo), help run a camp for Haitian kids with type 1 diabetes.



from the editor **Lend a Helping Hand**

My motto this year is "It could be worse." When I feel bad about my midlife tummy, my creaky bones, or my children's grades, I say it, and I instantly feel better. (Just kidding, kids.)

The motto even works with diabetes. The next time you're angry about your A1C or frustrated with expensive test strips, imagine having type 1 diabetes in Haiti, where the mortality rate for the newly diagnosed is around 50 percent in the first year.

The country suffered a cruel fate five years ago when an earthquake struck near Port-au-Prince. Getting insulin was near impossible when so many people couldn't even get food or water.

For this issue, I joined Drs. Francine and Neal Kaufman on their annual trip to Haiti. Each spring, Fran, a pediatric endocrinologist, and Neal, a pediatrician, volunteer at a diabetes camp for kids and teens, talk with diabetes health care providers, and see patients in rural hospitals.

The couple, married 40-plus years, have been giving back since they first met in college. They've worked at diabetes camps for years and helped start diabetes volunteer organizations. Francine travels the world in her role as vice president of global affairs and chief medical officer at Medtronic Diabetes. These two love children, and the type 1 community is so lucky to have them.

"A lot of people in the diabetes community give back and those

who buy into that tend to buy in deep," Francine says.

I'm asking you to buy into it, too. Please consider a donation to the Haitian Foundation for Diabetes and Cardiovascular Disease, a private Haitian Foundation with more than 6,000 members. It's the *only* organization in the country dedicated to people with diabetes.

Turn to *page 40* to read about our trip and how you can lend a helping hand.

Martha

Martha Miller Johnson

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**American Diabetes Association: Standards of Medical Care in Diabetes – 2012 (Position Statement). Diabetes Care 35 (suppl.1): S11-S63.

meet our advisers

The following health, food, and fitness professionals review articles that appear in *Diabetic Living*® magazine.

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Hope S. Warshaw, M.S., RD, CDE, BC-ADM, is a writer specializing in diabetes care. She has authored several American Diabetes Association books and is the 2015 president-elect of the American Association of Diabetes Educators.

John Zrebiec, M.S.W., CDE, is director of Behavioral Health Services at the Joslin Diabetes Center in Boston and a lecturer in the department of psychiatry at Harvard Medical School.

ASK OUR EXPERT

Q: I know wine is full of sugar. Can I drink it?

A: Ask your health care provider if alcohol is safe for you to drink and whether it interferes with your medications.

Most people with diabetes should follow the same guidelines as people without diabetes. Women should have no more than one drink per day, and men should have no more than two drinks per day. One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of distilled spirits. Don't drink on an empty stomach or when your blood glucose is low, especially if you are taking insulin or diabetes pills, such as sulfonylureas or meglitinides.

Also, don't count alcohol in your meal plan if you use carbohydrate counting. And remember: Alcohol is high in calories and low in nutrients, so it can contribute to weight gain. If you do drink alcohol, drink water along with it to stay hydrated and wear a medical alert necklace or bracelet that says you have diabetes.



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PIN IT!

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- 📌 Low Carb Recipes
- 📌 Diabetic Slow Cooker
- 📌 Kid-friendly Meals
- 📌 Healthy Mexican Recipes

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TAKE CHARGE!

BY Lauren Grant

*Try these Polynesian
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DiabeticLivingOnline
.com/wings

Changing leaves and chillier temperatures mean football season and tailgating time. You can still have fun and enjoy the food and drink if you do a little planning. A few tips to remember when cheering on your favorite team:

- Bring something healthy to put on the grill. Lean hamburger (at least 93 percent lean) or chicken is a good choice. Top it with lettuce, avocado, and tomato.
- Crunch on fresh veggies like carrots instead of chips or pretzels.
- Offer to provide the plates. Use small appetizer plates to help with portion control.
- Stick to the recommended alcohol limit—two drinks for men and one for women. Remember, one drink is 12 ounces of beer, 5 ounces of wine, or 1½ ounces of 80-proof distilled spirits, such as scotch, gin, or rum. And never drink on an empty stomach.
- Walk at halftime. When the players hit the locker room, get up and walk around the parking lot or block.

tailgating tips

PROTECT YOUR NAILS

People with diabetes are more susceptible to toenail fungus, which could lead to complications if untreated.

If you think you may have nail fungus, see a podiatrist. The best way to prevent toenail fungus is to keep your blood glucose numbers in range. Other ways to avoid it:

- Protect dry skin. Scratching dry, itchy skin can create an opening for bacteria. Rub a thin layer of lotion, cream, or petroleum jelly on the tops and bottoms of your feet after you wash and dry them. Don't put any between your toes.
- Keep your toenails trimmed and check them on a regular basis. Cut your toenails to follow the curve of your toe to help prevent ingrown toenails.
- Take a few minutes every day for a quick inspection of your feet. If you have nerve damage, you may have calluses and sores that you don't feel.

Tip: Trim your toenails after a bath or shower when they are soft.



METER REVIEW

ONETOUCH VERIO METER

It's all in the details with this meter: the bright display, the data analysis, the strip design, and the case. As a frequent user (eight tests a day), those little things add up. The meter, strip vial, and lancing device snap securely but easily into a plastic holster that fits inside the hard-sided, plain black protective case.

The strips are easy to pour out of the vial—they don't stick together, and the end that goes into the meter has two prongs, so it's easy to feel which end is which in low light. Another plus for testing in the dark: **the full-color screen that displays the reading in large black type on a bright white background.** Also included on the display is a color-coded indicator of whether your reading is within the range you specified when setting up the meter (an easy process).

At first I was indifferent to this feature, but after a few days of collecting readings, the meter pointed out that several results at a particular time of day had been above my range—information that prompted me to assess what I'd been eating and the dose of insulin I'd been taking. **The amount of blood required for a test is a tiny 0.4 uL;** many meters tout the small sample they need, but I've found many test strips are difficult to use without squeezing out excess blood. The Verio strips are efficient at sucking up a small drop, and they can do it from either side rather than the end.

BOTTOM LINE: The meter's easy-to-use design and its components, as well as the logging and data-analysis functions, make the Verio a worthwhile meter upgrade.

—Carrie Schmitz, type 1 diabetes

**"START WHERE YOU ARE.
USE WHAT YOU HAVE.
DO WHAT YOU CAN."**

—tennis legend Arthur Ashe

TAKE CHARGE!



WHY *monitoring* MATTERS

BY Ilene Raymond Rush

Checking your blood glucose can be a pain. But tracking your blood glucose readings is an important part of managing diabetes—even if you have type 2 and only take a daily pill.

Tracking your numbers can keep you on top of fluctuations, help you find patterns, and signal when you should modify your eating or exercise plan or adjust your meds—with your health care provider's input, of course.

Several studies have examined how self-monitoring affects patients with type 2 diabetes. Results remain inconclusive on whether keeping track of type 2 blood glucose numbers improves glycemic control. Serge Jabbour, M.D., director of the Division of Endocrinology, Diabetes & Metabolic Diseases at Thomas Jefferson University in Philadelphia, recommends that people with type 2 diabetes test

once or twice daily.

He points to a meta-analysis that included people with type 2 diabetes treated with pills or once-daily long-acting insulin. It showed that there was a larger reduction in A1C (–0.5 percent) with self-monitoring of blood sugars compared with no monitoring, particularly when checking blood sugars was combined with patient education and feedback.

Along with twice-a-day monitoring, certain circumstances call for extra testing, Jabbour says,

“particularly whenever blood glucose can change rapidly.” Reach for your monitor when faced with these conditions:

- **Stress:** Feeling uptight can raise blood glucose.
- **Traveling:** Changes in your activity level or eating plan can make it challenging to keep blood glucose levels in check.
- **Exercise:** Working out can lower blood glucose, sometimes causing a significant drop.
- **Sickness:** Illness can raise or lower glucose with stomach issues and medications.

WHEN SHOULD YOU CHECK?

- At different times on different days rather than the same time every day. One day, check before and after breakfast; another day, check before and after dinner.
- One to two hours after a meal.
- When you try something new, whether it is food, exercise, medication, or dosage.

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HELP *for your* HEART

A cholesterol-lowering statin medication might protect you from having a heart attack or stroke, common companions to diabetes.

BY Barbara Brody | ILLUSTRATIONS BY Michael Mullan



If you have diabetes, you likely take at least one prescription medication. The American Diabetes Association (ADA) 2015 Standards of Care suggests adding another to your arsenal—a pill to keep your LDL (bad) cholesterol in check. Your health care provider might recommend it even if your cholesterol levels are OK. Surprised? Many experts say this strategy makes perfect sense.

Heart disease is the No. 1 cause of death worldwide, and if you have diabetes, you're especially vulnerable. While having high LDL cholesterol absolutely raises your risk, it's not the only risk factor to consider. A family history of cardiovascular problems, smoking, and being overweight are all risk factors. And so is having diabetes.

The guidelines

Two out of three people with diabetes will die from heart disease or stroke. Because the risk is so great, the guidelines say people with diabetes (type 1 or 2) should take a statin—a prescription pill designed to protect your heart by lowering LDL cholesterol.

The quick synopsis: Unless you're younger than 40 and don't have any heart disease risk factors besides having diabetes, the ADA says you should be taking a statin medication.

"Statins are critically important for people with diabetes because their risk of heart disease is higher than that of people without diabetes, even when they have the same LDL

cholesterol levels," says Robert Ratner, M.D., chief science and medical officer for the ADA. He says the evidence showing statins work is especially compelling for those in the 40–75 age bracket.

Per the 2015 guidelines, all people living with diabetes in that key age group should be taking a statin. If you have heart disease risk factors in addition to diabetes (or if you already have heart disease), then the ADA says you belong on a high-intensity statin. This type, which includes atorvastatin (Lipitor) and rosuvastatin (Crestor), usually cuts LDL levels by more than 50 percent.

Don't have any additional risk factors? The ADA recommends a moderate-intensity statin, such as pravastatin (Pravachol) or simvastatin (Zocor), which reduces LDL by an average 30–50 percent. Lipitor and Crestor also can be prescribed at lower doses, reducing them to moderate-intensity.

The data proving that statins are effective in people younger than 40 and older than 75 are less clear, Ratner says. "Those are the real big question marks right now," he says. Still, the Standards of Care suggests that all people over 75 with

Even with no heart disease risk, people age 40 and above with diabetes should consider a statin.

—American Diabetes Association 2015 Standards of Care

diabetes take either a moderate- or high-intensity statin. It also says that those under age 40 should take a moderate- or high-intensity statin if they have risk factors in addition to having diabetes. (If you already have heart disease, you need a high-intensity statin.)

How diabetes hurts your heart

It's worth noting that other major medical organizations, such as the American Heart Association and the American College of Endocrinology (ACE), have slightly different stances regarding who needs a statin; talk with your health care provider. But these groups agree that people with diabetes have a much higher-than-average risk of developing diseases of the heart and blood vessels.

People with type 2 diabetes often have high blood pressure, abnormal blood fats, insufficient insulin, and insulin resistance, a condition in which the body can't use insulin effectively, says Yehuda Handlesman, M.D., a California-based endocrinologist and president of ACE. But people who have type 1 diabetes also are at risk; they have a higher risk when

compared with people without diabetes. Another issue: Just like the population at large, some people with type 1 diabetes may gain weight and develop some of the components of type 2 diabetes, Handlesman says.

Statins work by decreasing the amount of LDL cholesterol your body makes, says cardiologist Nieca Goldberg, M.D., medical director of the Joan H. Tisch Center for Women's Health at NYU Langone Medical Center in New York City.

Of course, statins aren't a magic bullet. "The foundation of heart disease prevention is diet and exercise," Goldberg says. Making healthful lifestyle changes, such as eating nutritious foods and being physically active, can lower your cholesterol about 12–15 mg/dl, but that might not be enough to avoid medication. "But if you do those things, you may be able to take a lower dose of statin, which can cut down on side effects," she says.

What about blood sugar?

You might have heard that some research has recently shown that statins raise blood glucose. So why would health care providers recommend that someone with diabetes take one?

First, it's not so clear-cut. "Some studies show they raise blood sugar, and others don't," Goldberg says. Handlesman explains that when statins do cause glucose to increase, it's not a major spike: "We know how to manage glucose, and the amount statins raise it is negligible," he says.

If you already have diabetes,

Handlesman says he wouldn't worry too much if your glucose goes up slightly once you start taking a statin. People who should be more cautious are those with prediabetes. Adding this medication could push their numbers up enough that they can be diagnosed with diabetes (type 2 is diagnosed, in part, when blood glucose is 126 mg/dl or higher). But opting for a statin could still be a good decision.

As with most things, it's all about weighing the risks and rewards. And when it comes to helping people at risk of heart disease, Goldberg, Ratner, and Handlesman agree that the benefits of taking a statin often outweigh the risk of slightly higher blood sugar.



SIDE EFFECTS: WHAT TO DO

Statins generally are well-tolerated, but they can have side effects—and raising blood glucose is just one of them. The most common complaints are muscle pain and weakness, though some people also report mild memory problems. If you think you're experiencing side effects, tell your provider, who may recommend one or more of the following steps:

- **Make a switch.** There are eight statins approved for use in the U.S., and some people have issues with one but not others. It may take some trial and error to figure out what works best for you.
- **Tweak your dose.** Lowering it a little could make a big difference, says cardiologist Nieca Goldberg.
- **Skip a day.** Endocrinologist Yehuda Handlesman notes that some people experience fewer side effects by using a statin every other day instead of daily. Be sure to talk with your health care provider before skipping a day.
- **Take it at bedtime.** You might have less muscle pain if you take your medication at night instead of in the morning, says Robert Ratner, M.D., of the American Diabetes Association.
- **Try coenzyme Q-10 (CoQ10).** Many people with diabetes have low levels of this antioxidant, and raising your levels with a supplement may help lessen the side effects, Handlesman says.
- **Consider an alternative.** Statins are generally believed to be the most effective drug for targeting LDL cholesterol, but if you're really having trouble with them, your health care provider could prescribe a different type of cholesterol-lowering drug, such as Welchol or Zetia.



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Carrying around diabetes supplies can be stylish. It's an excuse to buy a new bag, right? We found several perfect for a week or weekend away with plenty of inside pockets to keep things safe and secure.

BY Lauren Grant | PHOTOS BY Blaine Moats
BEAUTY STYLING BY Summer Fuller

bag!

1

1 Sole Society Tristan.

Uber organization meets street-ready with this chic bag that looks like a purse but holds supplies like a tote. Available in Grey, Camel, and Chambray. \$49.95; solesociety.com



2



3



5



4

2 Vera Bradley Slim Strap

Tote. This large tote makes a statement no matter the occasion. Super stylish and fun to carry, it's available in Emerald Diamonds, Ink Spots, Blossoms, and Moon Drops. \$88; verabradley.com

4 Ogio Hampton's Women's

Tote Bag. This bright, feminine tote includes a padded pocket space for a large laptop. Two shallow pockets on the outside make for quick stashes. Available in Black, Terra, Cobalt, Cinnamon, Wine, Peacoat, and Red. \$70; ogio.com/hamptons

3 Lug Taxicab Full Tote.

This durable, water-repellent tote is great for commuting. Two slim side pockets with zippers offer discreet storage. A Velcro strap on the side can hold a water bottle or thin yoga mat. Available in 10 colors. \$88; luglife.com

5 TOMS Departure Duffel.

Feel good about carrying this bag—a portion of each sale helps provide a safe birth for a mother and baby in need. Adjustable shoulder strap included. Patterns may vary. \$148; toms.com

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stomach in KNOTS?



Diabetes can damage nerves, including those in the stomach and intestines, causing gastroparesis. Yet some doctors are slow to diagnose it.

BY Winnie Yu | PHOTOS BY Jason Donnelly

Imagine getting sick to your stomach on a daily basis. It happened to Alfred Ruprecht five years ago. Every morning after eating breakfast, he would vomit. It became so severe that he had to quit his job as a machinist in Cleveland. "It was such a miserable thing," says Alfred, who has had type 1 diabetes for 30 years.

Alfred, 45, wanted answers, but doctors were at a loss to explain his symptoms. After two years, he was diagnosed with gastroparesis, a form of neuropathy in which the stomach and intestines slow

down or become less efficient at emptying. Nerves anywhere along the gastrointestinal tract become damaged and don't work as well.

"*Gastroparesis* literally translates to *paralyzed stomach*," says Michael Cline, D.O., a gastroenterologist at the Cleveland Clinic who specializes in gastroparesis. "It used to be a rare problem, but now we're seeing more of it."

It's most common among people who have had uncontrolled diabetes for a long time, especially type 1 diabetes, although people with type 2 diabetes also can

experience it. More cases have been diagnosed in recent years as the prevalence of type 2 grows and people are living longer.

Even so, many health care providers are not quick to suspect gastroparesis.

Spotting the signs

Symptoms of gastroparesis may include nausea, vomiting, loss of appetite, heartburn, abdominal pain, and bloating. Constipation may also occur, and it may alternate with diarrhea. You are more likely to have gastroparesis

if you have nerve damage in your eyes, feet, or kidneys.

Erratic blood glucose levels also may be a clue you have gastroparesis. "The glucose-lowering medicine peaks, but your stomach doesn't empty, so the medicine doesn't have anything to work on," Cline says. "When the stomach finally empties hours later, blood glucose goes up, but now there are no drugs to cover it."

Gastroparesis can be diagnosed with a breath test called the Gastric Emptying Breath Test (GEBT). The GEBT, conducted over a four-hour period after an overnight fast, is designed to show how fast the stomach empties solids by measuring carbon dioxide in a patient's breath.

Once diagnosed, gastroparesis must be treated promptly. If left untreated, it can lead to major weight loss—and not the healthy

kind. "If the stomach slows down to a significant degree, you can become malnourished," Cline says. "When malnutrition kicks in, that becomes the primary issue."

Some people experience the opposite and gain weight. "When the stomach slows down, one of the few things people can keep down are simple carbohydrates like cookies and cakes," Cline says. "These foods don't need a lot of work to digest. Patients wind up gaining weight by eating only what they can tolerate."

Finding relief

Treatment for gastroparesis varies. The first step is to get blood glucose levels under control, says Joann Kwah, M.D., a gastroenterologist at Montefiore Medical Center in New York City. She tells her patients to work closely with a registered dietitian

to help with meal planning.

While some people find relief with dietary changes alone, others require medications or surgery. Prescription drugs may help increase gastric emptying, but they can cause serious side effects.

When medications don't work, some patients, such as Alfred, have a gastric pacemaker implanted. The device is inserted in the abdomen laparoscopically and connected to the stomach to stimulate motility. Most people who have a pacemaker see better glucose numbers, Cline says.

For Alfred, the pacemaker has been a lifesaver. He has regained 15 pounds and rarely gets sick any more. Today he eats healthfully and tests his blood sugar four times a day. "I know now the most important thing is maintaining my blood sugar," he says.

EATING WELL WITH GASTROPARESIS

Experts agree that good nutrition is a large part of preventing and treating gastroparesis. Try following these tips from Monique Richard, RDN, a registered dietitian and nutritionist in Johnson City, Tennessee, who treats people with gastroparesis.

- **Eat small, frequent meals.** "Since gastroparesis delays stomach emptying, limiting the amount of food to be digested and processed at one time helps the body work more effectively," Richard says.
- **Limit your fiber intake.** Too much fiber of any kind can slow gastric emptying, but foods high in soluble fiber (such as oatmeal, fruits, and seeds) can be especially difficult to digest. The insoluble fiber in vegetables and whole grains is more beneficial because it isn't completely absorbed. "Just make sure you introduce fiber slowly since too much at once can worsen symptoms," Richard says.
- **Choose healthier fats.** Fat is an essential component to a healthful eating plan, but too much saturated fat slows gastric emptying. Instead, eat foods high in mono- and polyunsaturated fats like avocados, nuts, and olive oil.
- **Drink lots of fluids between meals.** Your stomach empties liquids faster than food, and meal-replacement drinks or smoothies can provide nutrients if you're nauseated.
- **Stay physically active.** "Light movement can help with peristalsis, allowing the stomach to empty more easily," Richard says. Ask your health care provider about doing yoga. Or take a short walk after a meal.



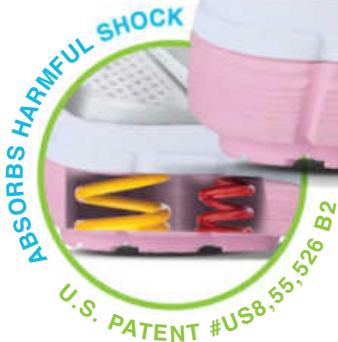
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gestational *diabetes:* A CHANCE TO STOP TYPE 2

The birth of your baby doesn't signify the end of diabetes—in fact, it's just the beginning. But awareness and preventive measures can deliver a healthy future for you and your child.

BY Hope Warshaw, RD, CDE

Over half of women diagnosed with gestational diabetes around the world will develop type 2 diabetes within the next decade.

"People have the impression that concerns surrounding gestational diabetes are merely a complication of pregnancy that resolves after delivery. With the prevalence of type 2 on a steep growth curve, this notion is no longer an accurate portrayal," says Cassandra Henderson, M.D., CDE, a physician and director of maternal fetal medicine at Lincoln Medical Center in Bronx, New York.

Today, 7 percent of pregnant women in the United States develop gestational diabetes, and that number is escalating, according to the U.S. Centers for Disease Control and Prevention (CDC). That's because more women are overweight and/or older when they become pregnant. Any increase in the number of women with gestational diabetes translates to more women with type 2 diabetes.

"Health care systems and providers don't do nearly enough

to alert women at risk," says Kim Higgins, RN, CDE, who delivers care to pregnant women with diabetes virtually from her base in Arizona for the Alere Health Diabetes and Pregnancy Program. Higgins calls it the "postpartum black hole."

Awareness of this heightened risk offers younger women who have had gestational diabetes an opportunity to take a preemptive strike to prevent type 2 diabetes. If you have type 2 now and also had gestational diabetes, you might not have been forewarned. But if you have a daughter or granddaughter who has had or is at risk for gestational diabetes, you have a chance to make a difference.

Even if you had gestational diabetes with one pregnancy, you can reduce your risk of having diabetes in a future pregnancy if you adopt healthy lifestyle actions. Higgins, who has type 1 diabetes and has been through three pregnancies, tells her clients, "You can't prevent your diabetes, but your mission—if you choose to accept it—is to help your family members do so."

GET THIS TEST AFTER YOUR BABY ARRIVES

Women who've had gestational diabetes should have a 2-hour oral glucose tolerance test (OGTT) done 6 to 12 weeks after delivery. The test requires no food or drinks other than water for 10 hours prior to the test. After having blood drawn for an initial blood glucose check, you'll drink 75 grams of a glucose solution. Then you will have blood drawn in intervals at 30 minutes, 1 hour, and 2 hours after drinking the solution.

	2-hr result from OGTT
Non-Diabetes	<140
Prediabetes	140 to 199
Diabetes	≥200

Does not apply to pregnant women and gestational diabetes.

36%

of women tested immediately after pregnancy are diagnosed with prediabetes.

50%

of women who have had gestational diabetes develop type 2 diabetes.

Get checks now—and later

Organizations, including the American Diabetes Association, agree that women who have had gestational diabetes should have an oral glucose tolerance test (OGTT) within weeks after delivery (see page 33). But there's considerable challenge in getting women to have the OGTT test and then to make needed healthy lifestyle changes. "These guidelines are well accepted and disseminated, but they're often not followed," Henderson says. Studies show that 34–74 percent of women with gestational diabetes get the postpartum glucose screening, she says. Experts cite several reasons for the lack of testing. Maribeth Inturrisi, RN, CDE, a perinatal diabetes educator at Sutter Pacific Medical Foundation in San Francisco, says some obstetricians

7%
of all pregnant
women develop
gestational diabetes.

Having gestational
diabetes in one
pregnancy
doubles
the odds of having
gestational diabetes in
future pregnancies.

don't ever order the test because they consider gestational diabetes resolved once the baby is born.

Dawn Batman of Horsham, Pennsylvania, is a case in point. Dawn, now age 40, remembers being told in the hospital after her son was born nine years ago that her glucose level was back to normal. "But due to gestational diabetes, being overweight, and having a family history, I was at high risk of type 2. I don't recall being told to have an OGTT soon after," she says.

Women either do not get reminders to do the OGTT or don't make the time to complete the arduous test (no food or drink can be consumed 10 hours before the blood test). "Women get busy with a new baby, and many believe that once they give birth they're done with diabetes," Inturrisi says.

As the years go on, annual gynecology visits focus on family planning, early symptoms of menopause, and menstrual irregularities, Henderson says. Insulin resistance and diabetes risk factors don't rank high on the list of concerns to discuss. Plus, a woman's primary care providers might change or be unaware of her gestational diabetes history.

Typically, the next time a woman hears the word "diabetes" is when she gets pregnant again—and likely develops gestational diabetes again—or a decade or so later when she is diagnosed with type 2.

"Failure to routinize performance of the recommended postpartum glucose screening is a detriment to public health," Henderson says.

An emphasis on prevention and more widespread use of electronic health records could help to promote the screenings, Inturrisi says. Researchers are exploring a less burdensome test than the OGTT that would use the A1C test with a waist-circumference measurement, Higgins says.

If you are pregnant now and have gestational diabetes, insist on having the postpartum OGTT and get the results; if results are above normal, make critical lifestyle changes. If you had gestational diabetes in the past, ask your provider about the test and be sure to have your glucose levels checked routinely.

During, after, and beyond

The action steps to prevent or slow the progression of prediabetes or type 2 diabetes are well known. Lose 5–7 percent of your body weight and keep those pounds off over the years. Get and stay physically active—at least 30 minutes of exercise most days.

Women who have had gestational diabetes should talk to their health care provider about adding the blood glucose-lowering medication metformin, which fights insulin resistance. This advice is based on results from the Diabetes Prevention Program study.

The women in the study who had had gestational diabetes and were enrolled in the intensive lifestyle management group had a lower incidence of developing type 2 diabetes than those in the control group (no intensive lifestyle or metformin). The women in the metformin group who had had gestational diabetes (who received no intensive lifestyle management) reduced their incidence of type 2 diabetes more than women who never had gestational diabetes.

Dawn Batman got the golden opportunity to enroll in the CDC's National Diabetes Prevention Program with a diabetes educator at her local hospital. Dawn is working hard to keep off the 15 pounds she worked hard to lose. "For the first time, I have connected the dots between my risks for type 2 and my weight. My priority now is to avoid diabetes and stay healthy for me and my family."



DON'T RISK YOUR BABY'S HEALTH

Babies born to mothers who experienced consistent high glucose levels during pregnancy are at higher risk at birth for having low blood glucose, high bilirubin level, and delivery complications.

Children born to women who had gestational diabetes with poorly controlled glucose are at higher risk of becoming overweight during childhood and adolescence and for developing type 2 diabetes, high blood pressure, and heart disease. "It remains unclear whether the environment or genetics plays a bigger role here," says Cassandra Henderson, M.D., CDE.

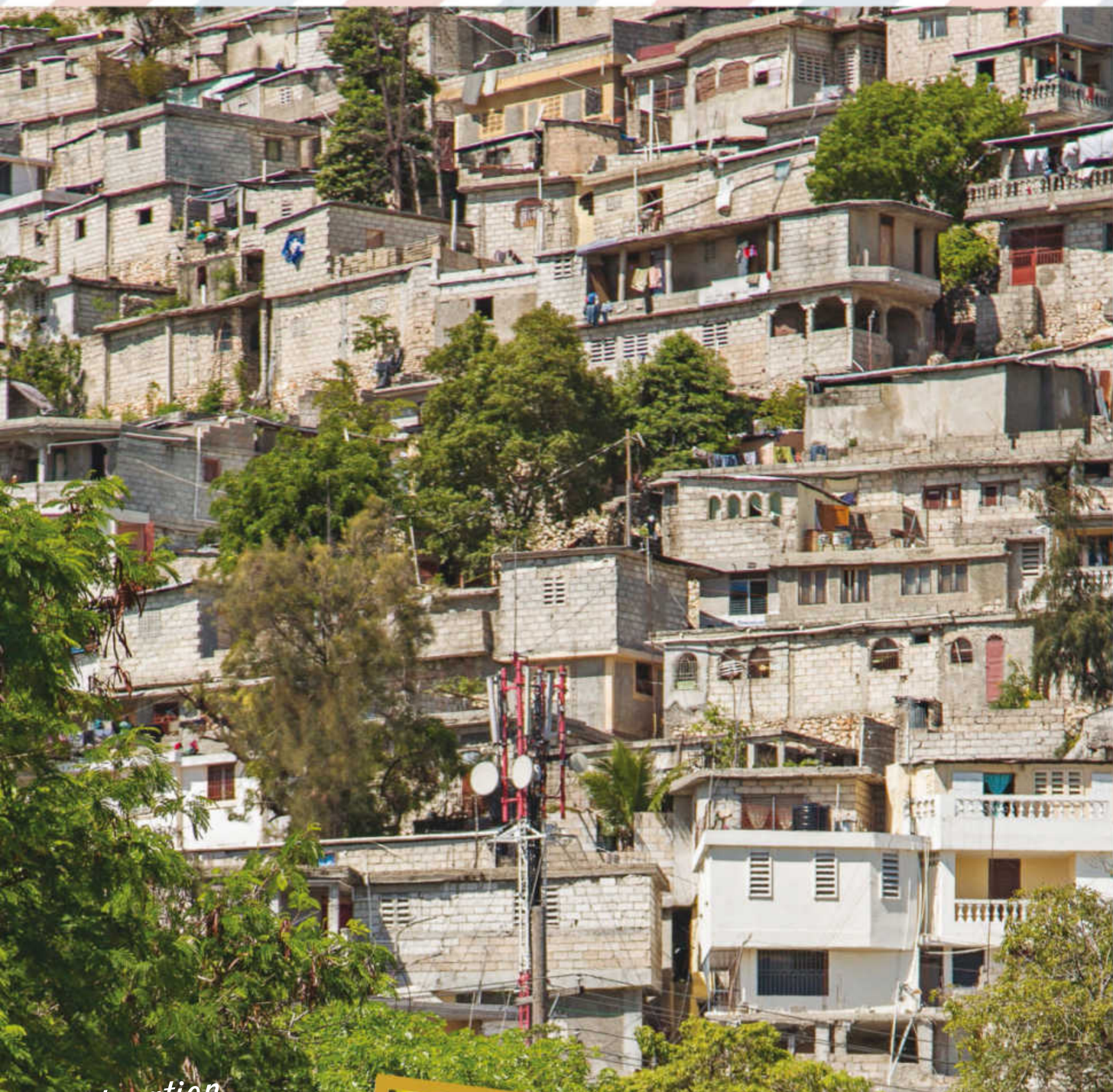
HELPING HANDS

for Haiti



Every year since the earthquake hit in 2010, American volunteers head to Haiti to teach kids with diabetes how to survive and thrive.

BY Martha Miller Johnson
PHOTOS BY Blaine Moats & Dean Schoeppner



education



hands-on

acceptance





In April, a team from *Diabetic Living* boarded a plane to Port-au-Prince, Haiti, where a driver whisked us through city traffic jammed with brightly painted tap-taps—the Haitian bus system. Passengers cram into vibrantly colored pickups and cargo vans and tap on the window when they want to jump off. On the sidewalks, women sat on overturned buckets hawking shoes, water, and fruit.

We came to experience Friendship Camp, a two-day day camp for kids with type 1 diabetes

hosted by endocrinologist Nancy Larco, M.D. Following in her father's footsteps, Larco has devoted her life to the Haitian Foundation for Diabetes and Cardiovascular Disease—FHADIMAC, as the locals call it. It's the only diabetes/cardiovascular clinic in this city of more than 700,000 people.

Paper cups of honey

The morning after our arrival, we headed to camp at a private elementary school. A police officer at the large iron gate waved us

through, his rifle leaning against the fence nearby.

Children and teenagers began to trickle in, about 70 in all. A handful of campers also brought a parent or sibling with them so they, too, could learn about this strange disease. Campers stood in near silence as they checked in, stealing glances at the outdoor basketball courts, playground equipment, and lush soccer field where they typically are not allowed. Each with a piece of paper in hand, they were herded to outdoor lunch tables for the day's first activity:

blood sugar checks.

It was hard not to miss Shamara, dressed in a crisp mint green dress and two large white ribbons holding back her braids. Shamara was diagnosed with type 1 about a year ago after falling into a coma and spent 12 days in the hospital.

Her father, Jean-Charles, says he didn't know what was happening. "She tore at her hair and said, 'Daddy, go tell the doctor I am sick,'" he says.

Shamara, 8 years old, is tiny, more like the size of a typical 5-year-old. Another girl, Angeline, looks like a preteen at 21 years old.

It's not uncommon for Haitian children with diabetes to be small for their ages, says Francine Kaufman, M.D., a pediatric endocrinologist and chief medical officer for Global Medicine for Medtronic Diabetes. Years of uncontrolled diabetes can cause growth failure, she says.

Later that day, as if reiterating Kaufman's words, a volunteer tested Shamara's blood sugar. It was 581.

Francine, along with her husband, Neal Kaufman, M.D., a pediatrician



Street vendors, above, illegally sell prescription drugs. The tablets and pills available are displayed outside. The boxes are inside the cones they carry.



sharing



friendship



community

PORT-AU-PRINCE



and chief medical officer of Canary Health, and Evelyn Fluery NP, BC-ADM, CDE, head of the diabetes education program at the University of California, Los Angeles, have been coming to Port-au-Prince since the devastating 2010 earthquake. They met Larco years ago through international diabetes work and wanted to help.

Larco organized the first of these camps with the help of the Kaufmans, Fluery, and the nonprofit organization AYUDA (see “Helping People Help Themselves,” *opposite*). Seven young adults came for a week to train a handful of local teens in Haiti to teach at the camp.

With boundless energy, Larco moves between lunch tables, delegating tasks to helpers in her native Creole and juggling two buzzing cell phones. She organized the first Friendship Camp in 2012, realizing a longtime dream to offer a safe place for kids and teens to learn and share their knowledge with peers. Her father opened the FHADIMAC clinic in the two-story house where her mother grew up.

“I have a lot of faith,” Larco says. “When you have a mission, you find a way to make things happen.”

After taking blood glucose readings—and bringing up lows with small paper cups of honey—the kids break into groups. Fluery tells a group of older kids about

insulin and that people with diabetes can live a long life—if they control their blood sugar. Later she shows young ones how to rotate site injections by painting colors from a paint set on her upper arm. Down the hall, a class draws pictures of their diabetes as a way to get to know each other. One girl sketches a person on the ground with others looking down at her.

“I thought I was dead,” she says. “But then I woke up.”

On a mission

As unfair and frustrating as it is to grow up with type 1 diabetes in America, it’s an even crueler fate in Haiti, one of the world’s poorest countries. Five years after the earthquake killed more than 220,000 people and left 1.5 million homeless, the poverty is gut-wrenching.

Type 1 diabetes demands education, a steady stream of insulin, and motivation to succeed. In Haiti, all are in short supply. Most kids at camp only test their blood glucose twice a day—in the United States, an average person can test up to eight times daily. Diabetic comas are common.

They take 70/30 insulin—a mixture of 70 percent NPH insulin and 30 percent regular insulin—which doctors in the U.S. quit prescribing to children with type 1 in the mid-1980s for efficacy and safety reasons.

Gloved and ready to go, Maria Velasquez shows a local teenager where to record her blood glucose. Velasquez is director of programs for AYUDA.



Some parents, fearful of diabetes costs and full of misinformation about the disease, have abandoned children with diabetes or pulled them out of school, reasoning: Why educate someone who gets sick all the time?

"Yes, it's sad many days," Larco says. "But if my heart broke, I could not help them."

Despite all the international help that flooded into Haiti after the earthquake, the country still struggles. Unemployment teeters around 40 percent. Refugee camps dot the countryside. Rubble from crumbled buildings still sits in piles on the streets. Getting people with diabetes life-saving insulin is a priority for FHADIMAC. The clinic administers the International Diabetes Federation (IDF) Life for a

Child program, which provides insulin, syringes, meters, and test strips for children with diabetes up to age 25 in 27 developing countries. In Haiti, diabetes has about a 50 percent mortality rate in the first year of diagnosis, Francine Kaufman says.

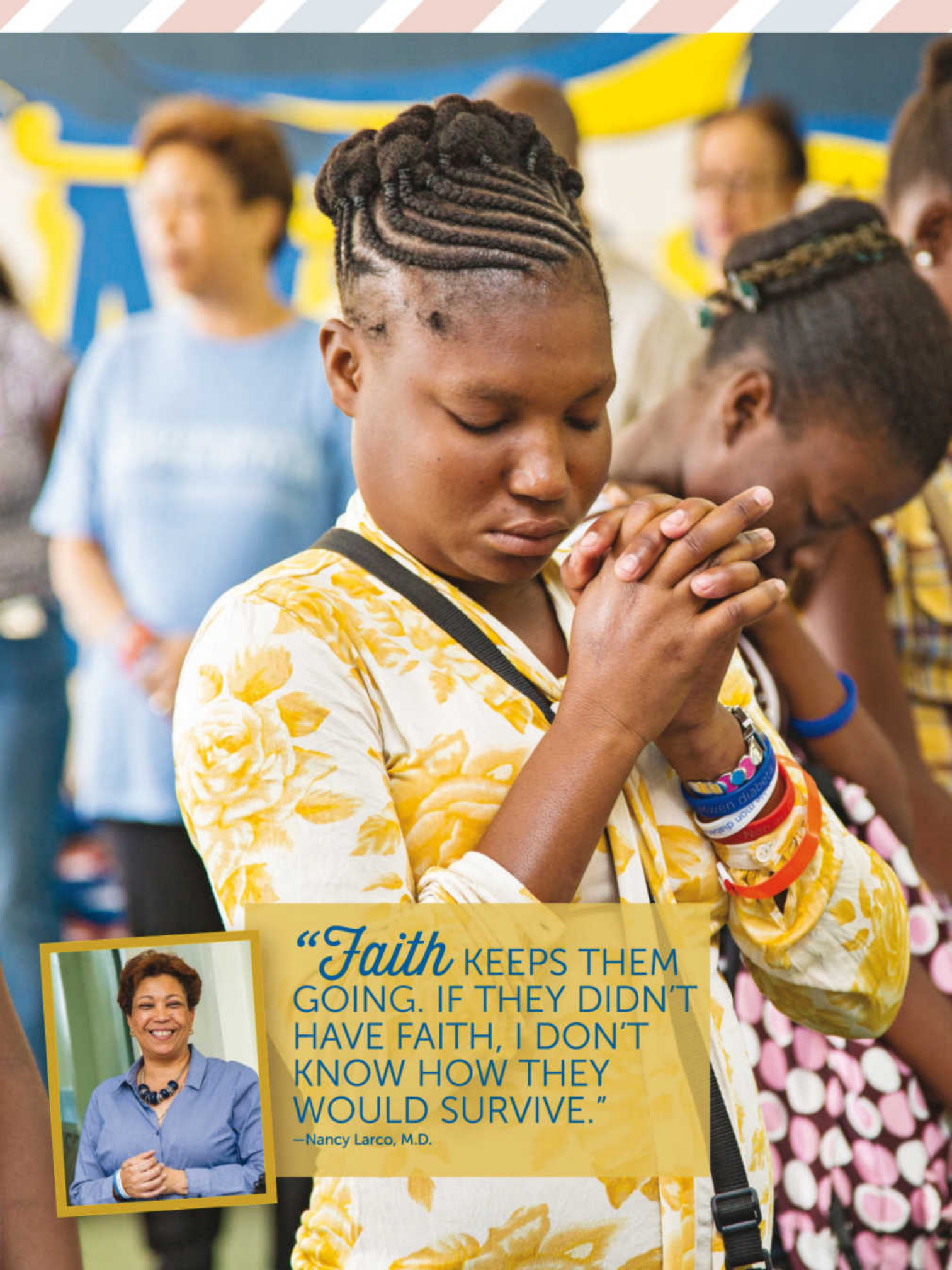
"Culturally, it's difficult to get people to manage a chronic disease," she says. "We are keeping them alive but not managing it the way we need to."

Help for the whole family

Fluery, who was born in Haiti but

HELPING PEOPLE *help themselves*

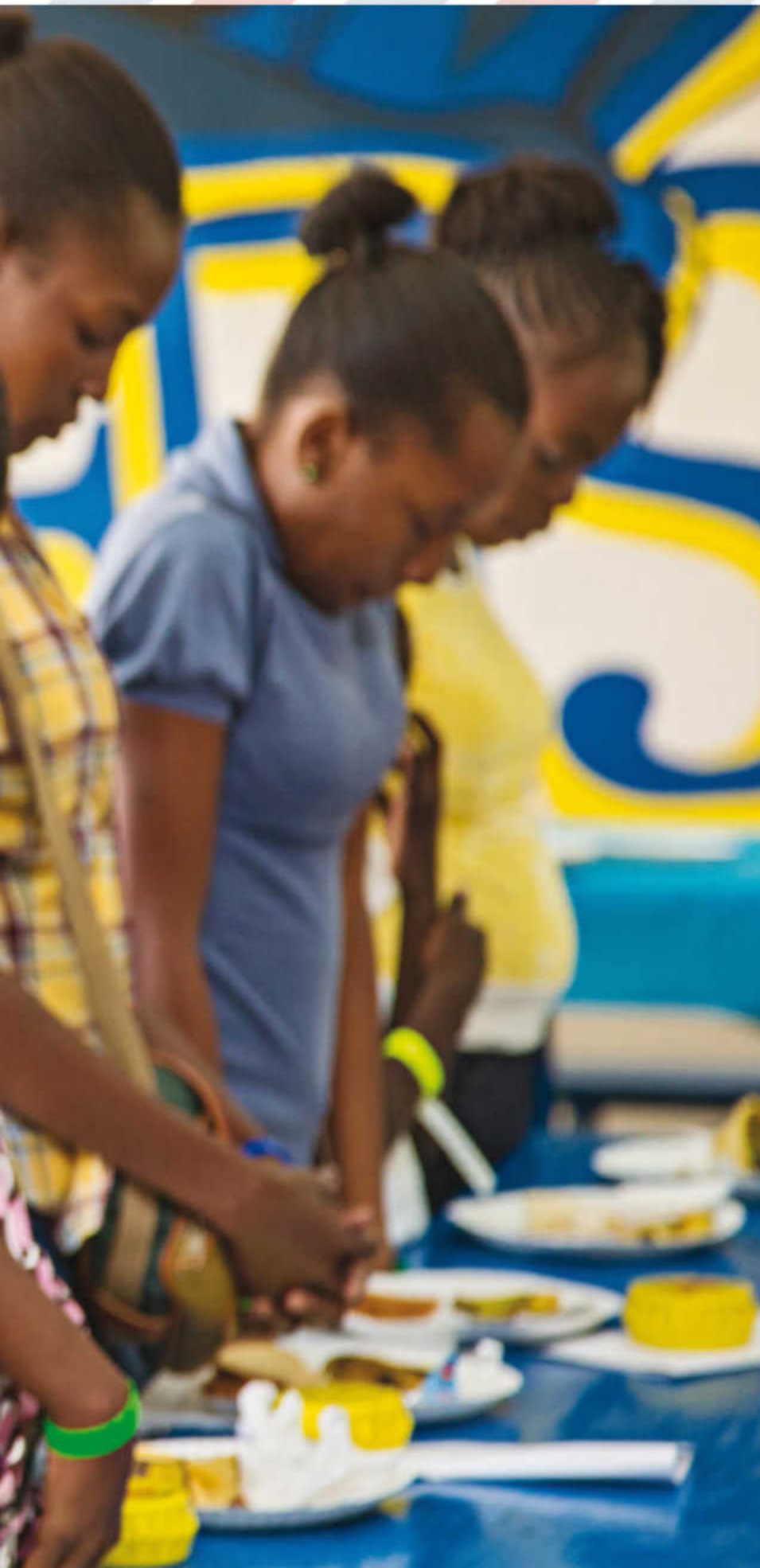
It's no coincidence AYUDA is a play off the Spanish verb *ayudar*, which means "to help." AYUDA—short for American Youth Understanding Diabetes Abroad—teaches people around the world to help their communities create sustainable diabetes programs. The U.S.-based AYUDA has sent volunteers to Haiti, Ecuador, and the Dominican Republic. To become a volunteer or learn more, visit ayudainc.net.



“Faith KEEPS THEM GOING. IF THEY DIDN’T HAVE FAITH, I DON’T KNOW HOW THEY WOULD SURVIVE.”

—Nancy Larco, M.D.





left as a teenager, is a natural teacher who seems to flip into mom mode when speaking to teens. At the start of the second day, she lovingly scolds a young woman who hadn't treated her low blood sugar. (There were a lot of readings in the 20s and 30s.)

At times Fluery seems frustrated, but she constantly encourages the kids to take care of themselves for themselves. "I love to see patients succeed," she says. "And here, when you see people going from feeling miserable and not knowing what to do to feeling so much better, that is a huge reward."

While the campers are busy, Larco gathers parents in a classroom to talk about their own fears and challenges in raising a child with diabetes. One mother with long black hair tells Larco she cries at night because she is so scared for her daughter. A father admits feeling ashamed.

Serge Pluviose, a strapping bald man with five daughters and an ill wife, says he struggled just to learn that his youngest daughter, Katiana, 15, had type 1 diabetes. Two years ago she fell very ill, and Serge took her to the hospital. The staff did tests but told him he would have to come back the following week to learn the results.

He went to another hospital only to be told the same thing. The reason: no electricity on the weekends. Desperate to know if his daughter was dying, Serge paid for the gas to power the generator himself. Within hours, doctors told him she had type 1.

He had no money left to pay for insulin, so Katiana was sent

"THEY ARE SO
YOUNG AND
full of joy.
THEY'RE HAPPY
AND HOPEFUL."

—Nancy Larco, M.D.



home—her glucose shot to 450, and she was back in the hospital.

"Today she is OK, and that is all thanks to Dr. Nancy and her clinic," Serge says with a smile.

From despair to dancing

As the day wears on, the kids loosen up. Boys play soccer while they wait for the blood sugar checks, which seem to fill so much of the day.

But each check is a chance to educate or inspire. Antoine Derinvil, 28, sits at a blue lunch table filling syringes. "I feel like a mother to these kids," he says.

Diagnosed with type 1 eight years ago, Antoine says FHADIMAC saved his life. The only one in his family ever to have diabetes, he felt alone and scared. Larco and her staff showed him that he was going to be OK.

"I want these kids here to accept their sickness and learn to live well with it like I have," Antoine says.

Education and acceptance is a huge part of Larco's effort. She takes every chance to talk with parents about good eating habits at home. "Do not buy cola or sugar," she says.

One mother, visibly upset, asks how she is supposed to drink her coffee without sugar, and Larco

launches into a quick rundown of sugar substitutes. "You are the role models," she tells parents.

Still, many people in Haiti simply don't know enough about diabetes. Some of the kids, and even our translators, asked if diabetes is contagious.

Azeline Desirlis' parents thought she had AIDS when she started losing weight rapidly. Frightened, her friends, family, and neighbors shunned her. "Everybody left me. Only my mother kept me," says the 22-year-old wearing jeans, a white T-shirt, and long earrings.

It was only when her mom took her to the hospital to see a friend that a doctor noticed Azeline's frail condition and tested her for diabetes.

Today, Azeline's family is back together. She's training to work as a mechanic and has gained back some of the 30-plus pounds she lost. Her smile is back, too.

With just an hour to go before camp ends, an American volunteer plugs in a boom box and puts on a popular Haitian dance song. Azeline jumps up, her face illuminated by a smile.

"Everything is good now," she says, her voice trailing off as she heads toward the music. "We can hope, right?"

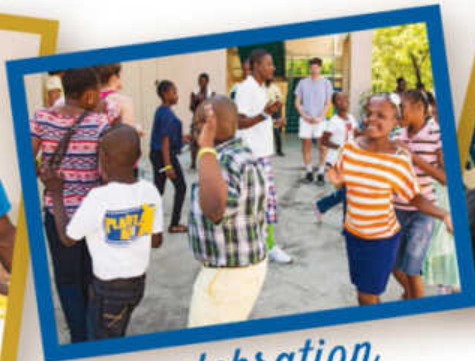


YOU can HELP!

Francine Kaufman, M.D., can never forget the story. Years ago, a young Haitian girl told clinic workers that the way she tested her sugar was by the ants. The girl had no indoor toilet, so she went outside. If ants came quickly, she knew her blood sugar was high.

"There is no place I've been that needs more help than Haiti," she says. Donations to FHADIMAC provide the children life-saving insulin, blood glucose meters, and test strips. To help, please visit fhadimac.org.

laughter



celebration

fun



hope

The background features large, stylized red 'Z' shapes and yellow handprints. Three black, multi-segmented insects with yellow heads are positioned around the title. A trail of black footprints leads from the bottom left towards the word 'ROBBERS'.

the SLEEP ROBBERS

Are you losing sleep? One of these three problems is the likely culprit. Here's how to get the rest you need.

BY Beth Howard | ILLUSTRATION BY Cristina Martín Recasens

Tossing. Turning. Struggling to fall or stay asleep. These sleeping problems often go hand in hand with diabetes; millions of people with diabetes lack adequate rest.

"People with disturbed sleep have a higher incidence of diabetes, and people with diabetes have a higher incidence of disturbed sleep," says Gerald Bernstein, M.D., director of the diabetes management program at Mount Sinai Beth Israel hospital in New York City.

Because insufficient shut-eye can make your diabetes worse, it's important to find out what's keeping you up at night. Here are three concerns that people with diabetes commonly face and how they can be managed to improve your sleep and overall health.



PERIPHERAL NEUROPATHY

Prolonged high blood glucose can damage nerve fibers, commonly in the toes, feet, legs, hands, and arms, a condition called peripheral neuropathy. People with diabetes who have this complication may experience burning, shooting, or stabbing pain; the sensation of pins and needles; or numbness or weakness in extremities. These symptoms tend to get worse at night.

"For some, the neuropathic pain makes it difficult to fall or stay asleep," says Raj Dasgupta, M.D., assistant professor of pulmonary, critical care, and sleep medicine at the University of Southern California in Los Angeles. "With minimal distractions during the hours leading to bedtime, many patients will focus more on pain, and so their perception of pain actually increases when attempting to fall asleep."

Making matters worse, the sleep deprivation that results from neuropathy can lower your pain threshold and tolerance and make

your arms or legs feel even worse, creating a vicious cycle. "The key to managing peripheral neuropathy is to recognize the symptoms and work with your doctor to find the right treatment and approach that works best for you," Dasgupta says.

The first step is to keep your blood glucose levels in check. This can prevent or delay nerve damage or prevent further damage. Mild symptoms can be relieved with over-the-counter, nonsteroidal anti-inflammatory medications. Medications developed to treat epilepsy, such as gabapentin and pregabalin, may help control more-serious symptoms.

Your health care provider also may suggest trying a tricyclic antidepressants, such as amitriptyline or doxepin. "We use modest doses—a fraction of the dose needed to treat depression—to alleviate pain," Bernstein says. Studies show that newer antidepressants, such as duloxetine and venlafaxine, also may ease your discomfort.

OBSTRUCTIVE SLEEP APNEA



There's no mistaking the characteristic sounds of obstructive sleep apnea, or OSA: rattling snores followed by brief silence as breathing stops, then noisy gasping as a person awakens and starts breathing again.

As many as 48 percent of people with type 2 diabetes have sleep apnea; among people with type 2 diabetes who are obese, the rate rises to 86 percent. (About 17 percent of people with type 1 diabetes have OSA.) As a comparison, 3-7 percent of men in the general population have apnea and 2-5 percent of women have it.

OSA can cause a person to wake as many as 30 times an hour. This happens when the tongue and other soft tissues in the throat relax and obstruct the airway. Oxygen levels drop, signaling the brain to rouse the body awake and to start

breathing again. These oxygen dips also prompt the release of stress-related hormones such as cortisol and inflammatory substances that interfere with glucose metabolism.

As a result of interrupted sleep, people feel tired during the day and face a greater risk for health problems, including heart disease. "Sleep apnea can prevent a person from getting restful sleep, which can worsen diabetes or increase the risk of developing diabetes," Dasgupta says.

Fortunately, there are many good treatments for sleep apnea. "For milder cases, your doctor may recommend only lifestyle changes, such as losing weight and smoking cessation," Dasgupta says. A 2014 Finnish study found that people who lost just 5 percent of their body weight (an average of 11 pounds) saw a dramatic improvement in their sleep apnea. Those who kept the weight off had an 80 percent reduction in the

CARING FOR YOUR CPAP MACHINE

Even though you're the only one who uses your continuous positive airway pressure machine, you need to keep it clean for health reasons. Dirt can cause bacterial illnesses, says Raj Dasgupta, M.D., a sleep medicine professor at the University of Southern California. "Plus, proper and routine care will help you prolong the life of your machine, mask, and accessories," he says.

To keep your machine in good working order, follow these instructions:

- **Unplug** the machine and disconnect the mask from the tubing.
- **Remove** tubing from any connectors, the humidifier, and the CPAP machine itself.
- **Remove** the humidifier unit if your machine has one.
- **Wet** a cloth with warm water. Wipe down the outside of the machine.
- **Fill** a sink with warm water and a small amount of dish soap. Soak the mask, tubing, and connectors for about 30 minutes. Allow everything to air-dry.
- **Clean** the humidifier with hot water and soap. Air-dry.
- **Remember** to put only distilled water in the humidifier; tap water can increase the risk of bacterial infection. The humidifier also should be cleaned weekly.
- **Rinse or replace** your CPAP machine's filter as recommended by the manufacturer. If you're uncertain how often the filters should be maintained, ask your health care provider.



progression of their apnea.

If your problem is more serious, you may need a CPAP (continuous positive airway pressure) machine. A mask worn over the nose or face gently blows air into the back of the throat, which keeps the airway continuously open. "CPAP is 100 percent effective—if a patient uses it," says Robert S. Rosenberg, D.O., medical director of the Sleep Disorders Center of Prescott Valley in Arizona. "When sleep apnea is treated with CPAP, blood sugars return to normal within four to six weeks."

However, 35 percent of people prescribed a CPAP machine quit using it within the first year, either because of an ill-fitting mask or other problems associated with wearing one. If that has happened to you, ask your doctor about trying different masks.

If your health care provider suspects you have sleep apnea, you'll be referred to a sleep medicine doctor. You'll spend a night in a sleep clinic, and if you're diagnosed, you'll be issued a CPAP. It is usually covered by insurance, but most patients pay a copay.

Wearing an oral appliance, usually fitted by a dentist, also may help sleep apnea. But skip the devices you customize at home. "The 'boil and bite' appliances are worthless," Rosenberg says.

People with life-threatening cases may be candidates for surgery to remove excess tissue in the throat or to move the jaw and chin forward to open the airway. A new therapy called Inspire Upper Airway Stimulation may also help. A pacemakerlike device is surgically implanted under the clavicle to provide stimulation to a nerve in the neck. The device helps to tone the muscles that control the base of the tongue and prevents the airway from collapsing during sleep.



RESTLESS LEGS SYNDROME

For people with restless legs syndrome (RLS), bedtime can feel like a nightmare. Their legs begin to burn or feel prickly, and they experience an overwhelming urge to move them. The unpleasant sensations are only relieved when they get up and move.

Because symptoms strike mostly at night, people with RLS are robbed of precious sleep. "Anything that disrupts the sleep of people with diabetes increases stress hormones and makes your diabetes worse," Rosenberg says. "Also, a lack of sleep itself decreases an individual's pain threshold, so if you have pain, it is harder to control."

Some mistake the symptoms of RLS for peripheral neuropathy, Rosenberg says. But if you have a distinct "creepy-crawly" sensation, consult your health care provider. Your checkup should include having your blood checked for levels of vitamin D and iron. Correcting deficiencies of each helps some people control symptoms. Reducing the use of caffeine, alcohol, and tobacco can also make a difference.

"If there's nothing in the blood that we can correct, we look to medications," Rosenberg says. The treatment of choice is a category of drugs known as dopaminergic agents (ropinirole, pramipexole, and rotigotine), which increase the body's dopamine and have been shown to alleviate moderate to severe RLS. Providers also may prescribe seizure medications, such as gabapentin and pregabalin, which attack both the unpleasant sensations and nerve pain. People with severe symptoms may need to take opioids such as oxycodone at night to get relief.

"For those who have not responded to anything, low doses of opioids may be the only way to get a good night's sleep," he says.



WHETHER YOU'RE
A MOM,
A CEO, A CHEF
OR A KID YOURSELF,
YOU CAN HELP
END CHILDHOOD
HUNGER IN
THE U.S.



NO CHILD SHOULD GROW UP HUNGRY IN AMERICA

But one in five children struggles with hunger. Share Our Strength's No Kid Hungry campaign is ending child hunger in this nation by connecting kids in need with nutritious food and teaching families how to cook healthy, affordable meals. You can help surround kids with the healthy food they need where they live, learn and play.

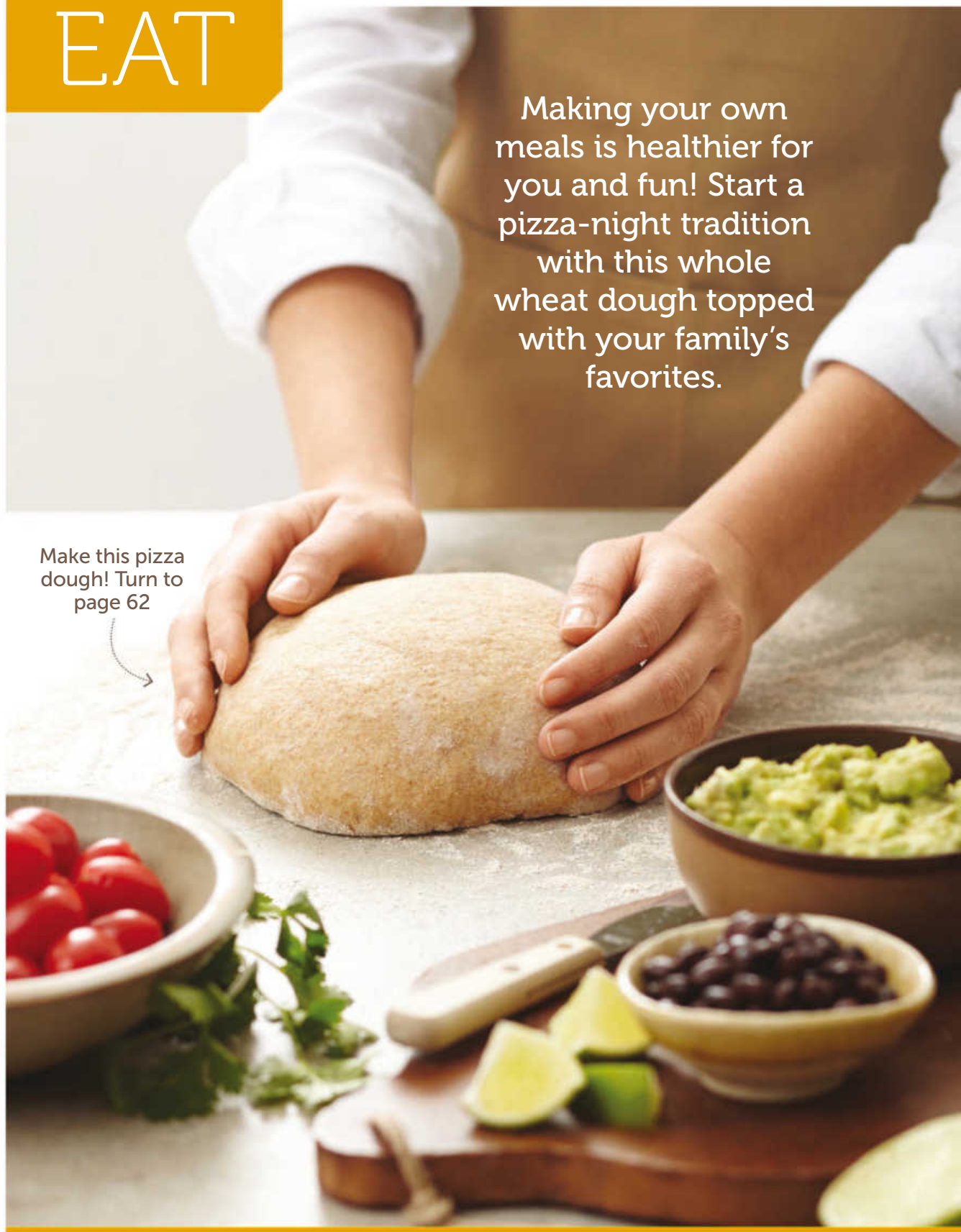
Pledge to make No Kid Hungry a reality at NoKidHungry.org.



EAT

Making your own meals is healthier for you and fun! Start a pizza-night tradition with this whole wheat dough topped with your family's favorites.

Make this pizza dough! Turn to page 62



TAKE CHARGE!

BY Lauren Grant & Jessie Shafer, RD | PHOTOS BY Karla Conrad

Fresh fruits and vegetables last up to 3 times longer when stored next to the Bluapple.



A Fruitful Investment

Ever consider how much spoiled produce you throw away? The average family of four tosses as much as \$600 worth each year, according to the U.S. Department of Agriculture. Borrowing from technology that prevents produce spoilage in ocean liners, trucks, and warehouses, Bluapple extends the life of fresh fruits and vegetables by using a nontoxic sodium chemical compound to absorb ripening ethylene gas. Use it in a fruit basket or in your refrigerator's produce bin. \$10; thebluapple.com and **Bed Bath & Beyond**

DIABETES & YOUR KIDNEYS

Your kidneys contain millions of tiny blood vessels that remove waste products from your blood. **Diabetes is the most common cause of kidney failure, accounting for 44 percent of new cases.**

Over time, high blood sugar levels can damage blood vessels and cause the filtering system to break down. Control your blood sugar and blood pressure and you'll lower your chance of developing kidney disease. Turn to *page 84* to learn the best foods to eat to help protect your kidneys.

Good Fat, Good Food

Good Fat Cooking (Rodale, 2014) is the latest cookbook from acclaimed New York City-based chef Franklin Becker, who has type 2 diabetes.

Inside you'll find more than 100 flavor-packed recipes that highlight good fats from sources such as avocados, nut oils, olive oil, and fish. Chef Becker believes that healthy food should always taste great, and we agree. Check out his droolworthy veggie recipes starting on *page 76*. His cookbook is \$22 and available on **amazon.com**; the Kindle edition is \$14.





The Pan That Can

It's hard to think of a pan that is more essential to your kitchen collection than the standard 13x9-inch baking pan. It's used to make sheet cakes, corn bread, bars, casseroles—and much more. But when should you choose metal and when should you use glass or ceramic? Our dietitian from the Better Homes and Gardens® Test Kitchen, Carla Christian, RD, weighs in:

Metal pans for cakes, bars, and breads. "We like light-color, nonstick metal pans because they conduct heat well and allow for more-even baking and browning. Straight sides with 90-degree corners bake more evenly, too. A heavier pan disperses heat more evenly without hot spots. Metal pans are also ideal for frozen desserts and keep the food chilled longer."

We like: Calphalon Classic Nonstick Bakeware 13x9-inch Covered Cake Pan

Glass pans for scoopable foods. "The rounded edges in a glass pan are ideal for scooping out foods that have more of a free form, such as casseroles and spoonable desserts. Glass pans are also good for when you want to see the food brown. But avoid glass pans for recipes cooked at temperatures above 400°F or broiled recipes because the glass pan can shatter."

We like: Pyrex 3-quart Sculpted Oblong Baking Dish with Cover

Ceramic pans for egg dishes and more-acidic recipes. "Ceramic is best for foods with high acidity, such as tomato or fruit recipes, where a metal pan can react with the acid and cause an off flavor. Ceramic is also best for egg dishes since a metal pan can sometimes discolor eggs."

We like: Rachael Ray Cucina Stoneware 13x9-inch Rectangular Baker

HAVE YOU HEARD OF ...

KOMBUCHA

WHAT IS IT? Kombucha is a fermented drink made with tea, sugar, bacteria, and yeast. The resulting liquid contains vinegar, B vitamins, and other chemical compounds. It originated in Asia centuries ago and has long been popular in alternative health.

WHAT'S THE HEALTH CLAIM? Some claim kombucha stimulates the immune system, helps prevent cancer, and improves digestion. "The health benefits associated with kombucha are linked to the fact that unpasteurized kombucha contains probiotics," says Ellie Krieger, RD, Food Network host and author of *Weeknight Wonders* (Houghton-Mifflin Harcourt, 2014). Pasteurizing kombucha kills good probiotics. Sometimes products have probiotics added back; others are unpasteurized. "If you have a compromised immune system, there are risks to consuming an unpasteurized drink," Krieger says.

The verdict? Choose kombucha over sugar-sweetened drinks. For the probiotic benefit, eat plain yogurt or kefir for less sugar.



TAKE CHARGE!

What's Your Pizza IQ?

Test your knowledge of America's favorite food, then turn to [page 62](#) to try our fresh and flavorful personal pizza recipes.

Visit
DiabeticLivingOnline.com/Pizza
for more than
25 of our best
lightened-up pizza
recipes.

1. ___ percent of Americans have eaten pizza in the last month.
a. 93% b. 80% c. 67%
2. The number of pizza slices eaten in America per second.
a. 150 b. 250 c. 350
3. Which type of cheese is served on 60% of pizzas?
a. Parmesan b. cheddar c. mozzarella
4. This type of crust is preferred by most people.
a. thin crust b. pan crust c. deep-dish
5. On any given day, 1 in ___ Americans eats pizza.
a. 4 b. 8 c. 16
6. The average slice contains ___ calories.
a. 150 b. 250 c. 350
7. The average person eats ___ slices of pizza per year.
a. 46 b. 75 c. 100
8. Pizzerias represent ___% of all restaurants.
a. 12%
b. 17%
c. 32%

OUR FAVORITE PIZZA GADGETS

1. Moving a pizza on or off of an oven rack or grill can ruin the home pizza-making experience. The **Super Peel Pizza Peel** from EXO eliminates the hassle of picking up and transferring sticky or delicate dough. \$56; amazon.com

2. **Silicone brushes** are the best tools to spread sauce evenly on pizzas and to baste grilled foods. The bristles can withstand temperatures up to 500°F, and they clean easily (without staining) in a sink or dishwasher. \$11 for 4; amazon.com

3. The **OXO Good Grips Pizza Wheel** has a clear plastic blade that won't scratch nonstick pans, yet it's sturdy enough to cut through thick crusts and toppings. \$12; oxo.com



Chicago Doctor Invents *Affordable* Hearing Aid

Outperforms Many Higher Priced Hearing Aids

Reported by J. Page

CHICAGO: A local board-certified Ear, Nose, Throat (ENT) physician, Dr. S. Cherukuri, has shaken up the hearing aid industry with the invention of a medical-grade, affordable hearing aid. **This revolutionary hearing aid is designed to help millions of people with hearing loss who cannot afford—or do not wish to pay—the much higher cost of traditional hearing aids.**

“Perhaps the best quality-to-price ratio in the hearing aid industry” – Dr. Babu, Board-Certified ENT Physician

Dr. Cherukuri knew untreated hearing loss could lead to depression, social isolation, anxiety, and symptoms consistent with Alzheimer’s dementia. **He didn’t why hearing aids were so expensive when the prices on so many consumer electronics like TVs, DVD players, cell phones, and digital cameras had fallen.**

Since Medicare and most private insurance plans do not cover the costs of hearing aids, which can cost run between \$2,000-\$6,000 for a pair, many of the doctor’s patients could not afford the expense. Dr. Cherukuri’s goal was to find a solution that would help with the most common types of hearing loss at an affordable price, not unlike the **“one-size-fits-most” reading glasses** available at drug stores.

- **Designed By A Board-Certified Ear, Nose, and Throat (ENT) Doctor**
- **Doctor-Recommended, Audiologist-Tested**
- **★★★★★ Top rated hearing aid online —thousands of satisfied customers**
- **FDA-Registered**
- **Save Up To 90%**
- **Free Shipping Available**
- **Batteries Included! Comes Ready To Use**
- **100% Money Back Guarantee**



He evaluated numerous hearing devices and sound amplifiers, including those seen on television. Without fail, those were found to amplify bass/low frequencies (below 1000 Hz) and were not effective amplifying the frequencies related to the human voice.

Inspiration From a Surprising Source

The doctor’s inspiration to defeat the powers-that-be that kept inexpensive hearing aids out of the hands of the public actually came from a cell phone he had just purchased. **“I felt that if someone could develop an affordable device like an iPhone® for that could do all sorts of things, I could create a hearing aid at a similar price.”**

Affordable Hearing Aid With Superb Performance

The high cost of hearing aids is a result of layers of middlemen and expensive unnecessary features. Dr. Cherukuri concluded that it would be possible to develop a medical-grade hearing aid without sacrificing the quality of components. The result is the **MDHearingAid PRO**, well under \$200 each when buying a pair. **It has been declared to be the best low-cost hearing aid that amplifies the range of sounds associated with the human voice without overly amplifying background noise.**

Tested By Leading Doctors and Audiologists

The **MDHearingAid PRO** has been rigorously tested by leading ENT physicians and audiologists who have unanimously agreed that the **sound quality and output in many cases exceeds more expensive hearing aids.**

DOCTORS AND PATIENTS AGREE: “BEST QUALITY SOUND” “LOWEST AFFORDABLE PRICE”

*“I have been wearing hearing aids for over 25 years and these are the best Behind-the-Ear aids I have tried. **Their sound quality rivals that of my \$3,000 custom pair of Phonak Xtra digital ITE.**” —Gerald L.*

*“I have a \$2,000 Resound Live hearing aid in my left ear and the **MDHearingAid PRO** in my right ear. **I am not able to notice a significant difference in sound quality between the two hearing aids.**”*

—Dr. May, ENT physician

*“They work so great, my mother says she hasn’t heard this well in years, even with her \$2,000 digital! **It was so great to see the joy on her face. She is 90 years young again.**”*

—Al P.

For the Lowest Price Call Today
800-873-0680

Phone Lines Open 24 Hours EVERY DAY

www.MDHearingAid.com

Use Offer Code CC92 to get
FREE Batteries for a Full Year!
FREE Shipping Available

MDHearingAid® >>> PRO




45-DAY
RISK-FREE
TRIAL



Proudly Assembled in the USA
from Domestic & Imported Components.





*Use our
simple whole grain
crust for all the
pizzas in this story!*

Whole Wheat Individual
Pizza Crusts
recipe on page 110



PIZZA *night*

Change up pizza night! Start with the thin, single-serve crusts, then top with ingredients that spotlight regions of the nation. You'll want to try all of these diabetes-friendly choices!

RECIPES BY Carla Christian, RD, LD | PHOTOS BY Adam Albright
FOOD STYLING BY Greg Luna



Midwest

THE FERTILE FARMLAND OF THIS
REGION YIELDS A BOUNTY OF
PIZZA-PERFECT INGREDIENTS,
INCLUDING ALL-TIME FAVORITE
SWEET CORN.



Farmstand Pizza
recipe on page 110



Northwest

THE PACIFIC NORTHWEST
BOASTS THE OCEAN AND RIVERS THAT
ARE HOME TO SALMON, A COLORFUL
TOPPER THAT'S HIGH IN
OMEGA-3S.

Smoked Salmon
and Dill Pizza
recipe on page 111



South


BARBECUE SAUCE
AND PEACHES BRING
FAVORITE FLAVORS OF
THE SOUTH TO
THIS REFRESHING
CHICKEN PIZZA.

Barbecue Chicken
and Peach Pizza
recipe on page 111

Northeast

SEAFOOD PLAYS A BIG PART
IN THIS REGION'S CUISINE.
IN A NOD TO NEW ENGLAND,
SHRIMP MEETS BACON ON AN
ALFREDOLIKE SAUCE.

White Shrimp Pizza
recipe on page 111



Southwestern
Steak Pizza
recipe on page 112

Southwest

THIS PIZZA TAKES A CUE FROM
SOUTH-OF-THE-BORDER
NEIGHBORS WITH MASHED
AVOCADO, GRILLED BEEF STEAK,
AND MORE.



Southeast

JAMAICAN JERK SEASONING SPICES
UP CHICKEN ON THIS PIZZA THAT HINTS
OF THE CARIBBEAN WITH ITS ISLAND-
GROWN MANGO AND PINEAPPLE.



Caribbean Jerk
Chicken Pizza
recipe on page 112

crispy FISH

It's all in the coating! Nuts, seeds, crushed chips, and toasted coconut—four delicious ways to transform fish into an irresistibly crunchy meal.

RECIPES BY Carla Christian, RD, LD | PHOTOS BY Adam Albright
FOOD STYLING BY Greg Luna



Sweet Chili and
Pistachio Mahi Mahi
recipe on page 112



Coconut-Crusted Tilapia
recipe on page 113



Tortilla Chip Flounder
with Black Bean Salad
recipe on [page 113](#)



Pumpkin Seed Salmon
with Maple-Spice Carrots

Pumpkin Seed Salmon with Maple-Spice Carrots

SERVINGS 4 (1 fish fillet and about
 $\frac{1}{2}$ cup carrots each)

CARB. PER SERVING 31 g

PREP 15 minutes **BAKE** 20 minutes

EACH CRUNCHY COATING
IS MADE FROM A DIFFERENT
FOOD THAT ADDS TEXTURE—
AND EXTRA NUTRITION.

- 4 4- to 5-ounce fresh or frozen salmon fillets
- 1 pound carrots, cut diagonally into $\frac{1}{4}$ -inch slices
- $\frac{1}{4}$ cup pure maple syrup
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{2}$ teaspoon pumpkin pie spice
- 8 multigrain saltine crackers, finely crushed
- 3 tablespoons finely chopped salted roasted pumpkin seeds (pepitas)
- Nonstick cooking spray
- 2 teaspoons salted roasted pumpkin seeds (pepitas)

1. Thaw fish, if frozen. Preheat oven to 425°F. Line a 15x10x1-inch baking pan with foil; set aside.
2. In a large bowl combine carrots, 3 tablespoons of the maple syrup, $\frac{1}{4}$ teaspoon of the salt, and the pumpkin pie spice. Arrange carrots on half of the prepared baking pan. Bake 10 minutes.
3. Meanwhile, rinse fish; pat dry with paper towels. In a shallow dish combine crushed crackers, the 3 tablespoons pumpkin seeds, and the remaining $\frac{1}{4}$ teaspoon salt. Brush tops of fish with the remaining 1 tablespoon maple

- syrup. Sprinkle with cracker mixture, pressing to adhere. Place fish in baking pan next to carrots. Lightly coat tops of fish with cooking spray. Bake 10 to 15 minutes more or until fish flakes easily when tested with a fork and carrots are tender.
4. To serve, divide carrots among plates and sprinkle with the 2 teaspoons pumpkin seeds. Top with salmon.

PER SERVING: 359 cal., 15 g total fat (2 g sat. fat), 62 mg chol., 519 mg sodium, 31 g carb. (4 g fiber, 19 g sugars), 28 g pro.

protein spotlight

PORK tenderloin



This easy-to-find protein is the most tender and lean of pork cuts, with a mildness that complements most seasonings. Try four fast ways with pork!

RECIPES BY Carla Christian, RD, LD | PHOTOS BY Adam Albright | FOOD STYLING BY Greg Luna



Mexican-Spiced Pork
Medallions with Cheddar-
Jalapeño Polenta
recipe on page 114



Balsamic Pork and Strawberry Salad

SERVINGS 4 (3 ounces cooked meat and 1½ cups salad each)

CARB. PER SERVING 13 g

PREP 15 minutes

MARINATE 15 minutes

ROAST 25 minutes

- 1 1-pound natural pork tenderloin
- ½ cup balsamic vinegar
- 2 tablespoons Dijon-style mustard
- 1 tablespoon olive oil
- ¼ teaspoon salt
- ¼ teaspoon black pepper
- 4 cups torn romaine lettuce
- 2 cups quartered fresh strawberries
- ½ cup shredded Manchego cheese (2 ounces)

1. Trim fat from meat. Place meat in a resealable plastic bag set in a shallow dish. For marinade, in a

small bowl whisk together balsamic vinegar and mustard. Set aside 3 tablespoons of the marinade. Pour the remaining marinade over meat. Seal bag and turn to coat. Marinate in the refrigerator for 15 minutes.

2. Preheat oven to 425°F. Line a shallow roasting pan with foil. Drain meat, discarding marinade. Place meat in the prepared roasting pan. Roast 25 to 30 minutes or until an instant-read thermometer inserted in meat registers 145°F. Remove from oven; let stand 3 minutes.

3. Meanwhile, for salad, in a large bowl whisk together the reserved 3 tablespoons marinade, the oil, salt, and pepper. Add lettuce and strawberries; toss gently to coat.

4. Arrange salad on a serving platter; sprinkle with cheese. Slice meat and arrange on top of salad.

PER SERVING: 278 cal., 12 g total fat (5 g sat. fat), 88 mg chol., 511 mg sodium, 13 g carb. (2 g fiber, 9 g sugars), 28 g pro.

Pork Paprikash with Cauliflower "Rice"

SERVINGS 4 (1 $\frac{1}{4}$ cups meat mixture and 1 cup cauliflower "rice" each)

CARB. PER SERVING 24 g

START TO FINISH 30 minutes

- 1 1-pound natural pork tenderloin
- 6 cups chopped cauliflower (1 $\frac{1}{2}$ pounds)
- 2 tablespoons olive oil
- $\frac{1}{8}$ teaspoon salt
- 1 medium onion, cut into thin wedges
- $\frac{1}{2}$ tablespoons paprika
- $\frac{1}{2}$ teaspoon black pepper
- $\frac{1}{4}$ teaspoon salt
- 1 14.5-ounce can no-salt-added diced tomatoes with basil, garlic, and oregano, undrained
- 1 cup reduced-sodium chicken broth

- $\frac{1}{4}$ cup bottled mild banana peppers, finely chopped
- $\frac{1}{3}$ cup light sour cream
- 2 tablespoons all-purpose flour
- 8 teaspoons light sour cream (optional)
- Paprika (optional)

1. Trim fat from meat. Cut meat into bite-size pieces; set aside. Place cauliflower in a food processor. Cover and process with several on/off pulses until cauliflower is evenly chopped into rice-size pieces.
2. In an extra-large nonstick skillet heat 1 tablespoon of the oil over medium-high heat. Add cauliflower and $\frac{1}{8}$ teaspoon salt. Cook 8 to 10 minutes or until golden brown flecks appear throughout, stirring occasionally.
3. Meanwhile, in a large skillet heat the remaining 1 tablespoon oil over medium-high heat. Add meat and

onion; cook about 3 minutes or until meat is starting to brown, stirring occasionally. Sprinkle with the $\frac{1}{2}$ tablespoons paprika, the black pepper, and $\frac{1}{4}$ teaspoon salt. Cook and stir 1 minute more.

4. Add tomatoes, broth, and banana peppers. Bring to boiling; reduce heat to medium-low. Cook, covered, 5 minutes. Increase heat to medium-high. Cook, uncovered, 4 to 6 minutes or until slightly thickened, stirring frequently. In a small bowl stir together the $\frac{1}{3}$ cup sour cream and the flour; stir into meat mixture. Cook and stir until thickened and bubbly.

5. Serve meat mixture over cauliflower "rice." If desired, top each serving with 2 teaspoons sour cream and a sprinkle of paprika.

PER SERVING: 319 cal., 12 g total fat (3 g sat. fat), 79 mg chol., 593 mg sodium, 24 g carb. (11 g fiber, 11 g sugars), 31 g pro.



The secret to roasting pork?
A meat thermometer.

This essential kitchen tool
will tell you when it's ready
(145°F). Wrapping pork
tenderloin in bacon
adds extra juiciness
and flavor.

Bacon-Wrapped Pork
Tenderloin with Honey-
Almond Green Beans
recipe on page 114





Celebrity chef Franklin Becker has type 2 diabetes and serves up healthy, head-spinning fare in his Manhattan eateries. With these bold dishes, you'll look forward to eating your vegetables.

BY Beth Howard | RECIPES BY Franklin Becker | PHOTOS BY Adam Albright and Blaine Moats
FOOD STYLING BY Charles Worthington

you can't **BEEET** veggies



Baby Beets with
Goat Cheese and Fennel
recipe on page 115



**“Vegetables
don’t have to
be sides
anymore.”**

—Franklin Becker

Before celebrity chef Franklin Becker was diagnosed with type 2 diabetes in 1997 at age 27, he didn’t give much thought to his diet. “I ate with wild abandon,” he says. “It was just a barrage of fatty foods, from foie gras to burgers. If it tasted good, I ate it.”

The cookbook author and TV star (Bravo’s *Top Chef Masters* and Food Network’s *Iron Chef America*) washed it all down with soda—several liters of Coca-Cola a day. The diagnosis was a wake-up call. Becker immediately dropped heavy carbs and sugar from his diet and started exercising, and as a result he lost 40 pounds in a month.

Over time he has lightened his plate and his palate, replacing butter with healthier fats, eliminating refined carbs, and

Chef Franklin Becker’s The Little Beet restaurants are exceeding his expectations. “There’s a real market for healthy, vegetable-based food,” he says. “We’re going to see more chefs get involved in this movement.”

emphasizing seasonal vegetables. His three cookbooks—*The Diabetic Chef* (Ballantine Books, 2005), *Eat and Beat Diabetes* (Harlequin, 2010), and *Good Fat, Great Flavor* (Rodale Books, 2014)—share the secrets to his culinary conversion.

Formerly the chef at several popular Manhattan restaurants, Becker now presides over The Little Beet, a line of fast-casual, deli-style eateries, and the more formal sit-down restaurant The Little Beet Table. Both menus put vegetables in the starring role in meals. “People are often surprised that vegetables can be as interesting and as tasty as they are,” Becker says. “But vegetables are like a piece of meat or fish. You can coax out the natural flavors and do things to enhance them. They can be every bit as much the focal point.”

Little Beet’s gluten-free menu features locally sourced fruits and vegetables and small portions of lean protein prepared with heart-friendly olive or safflower




Autumn on a Plate
recipe on page 115





Blistered Broccoli
with Garlic and Chiles
recipe on page 116

Heirloom Tomatoes,
Avocado, Mango,
and Cucumber
recipe on page 116



Pan-Roasted
Mushrooms,
Herbs, and Spices
recipe on *page 116*

**"By making vegetables
the center of your plate,
you're getting a load of
phytonutrients and healthy fats."**

—Franklin Becker



"Vegetables
are like a
piece of
meat or fish
—you can
**coax out
the natural
flavors.**"

—Franklin Becker

Before his diagnosis, Becker would eat a burger late at night after work and then go out drinking with friends. These days he fills his plate with carrots, avocados, and beets (of course), and he walks.

oils and using nuts, seeds, and cheeses as accents. The dishes are dense with flavor, fiber, and disease-fighting antioxidants. "Vegetables don't have to be sides anymore," Becker says. "By making them the center of the plate, you're getting a load of phytonutrients and healthy fats—things that are really good for you."

With a focus on fruits, vegetables, and other plant foods, the dishes are lower in calories and particularly filling, which is key to successful weight loss and blood sugar control. The Little Beet is doing so well that Becker plans to open seven new locations before the end of the year. He also recently launched hungryroot.org, an e-commerce site featuring

500-calorie, vegetable-based meals that take seven minutes to prepare. The meals, which stay fresh for up to 10 days, can be shipped to states in the Northeast and Mid-Atlantic and most of the Midwest and South.

Becker sees himself as part of a bigger movement toward plant-based eating, a trend that is more sustainable for the planet. "The shift is going to take some time," he predicts. "But the revolution is happening. People are focusing more and more on what they can do with vegetables. If we can attack the food courts, the airports, and epicenters of business in big cities, we'll slowly but surely strike a victory for healthy eating."

Charred Eggplant,
Grilled Onions, Pickled
Raisins, and Pine Nuts
recipe on page 116





Eat well for Diabetes & Your Kidneys

BY Jill Weisenberger, RDN, CDE
ILLUSTRATIONS BY Marta Spendowska
PHOTOS BY Jason Donnelly
FOOD STYLING BY Dianna Nolin

Sheila stood with an empty grocery cart. She'd just learned that she has early signs of diabetic kidney disease and has to change her diet—again. *It's bad enough that I have to watch my carbohydrates because of my diabetes. Now I have more restrictions,* she thought. Sheila felt defeated before she wheeled her cart to the first aisle.

Kidney basics

Diabetes is the leading cause of chronic kidney disease (CKD) and kidney failure in the United States. Approximately one-third of people with diabetes will develop kidney disease. Though many people believe that diabetic kidney disease is limited to those with type 1 diabetes, Lois Tobin, RD, kidney program dietitian with Kaiser Permanente in Portland, Oregon,

says that almost all of her kidney patients with diabetes have type 2. Research shows people with either type 1 or type 2 diabetes need to control their blood glucose and blood pressure over the years to prevent or delay the onset of kidney problems.

Healthy kidneys have millions of tiny blood vessels that filter blood to remove toxins and waste materials and excrete them via urine. Over time, uncontrolled blood glucose and blood pressure can damage the kidneys' blood vessels. As this occurs, the damaged kidneys allow more protein and other important nutrients to slip through and be lost in the urine. The National



Kidney Foundation has identified five stages of kidney disease based on the kidneys' filtration rate and abnormalities in the blood or urine. Stage 1 CKD is the most mild. People with stage 5 CKD are in kidney failure and require dialysis or a transplant.

Protect yourself

Diabetic kidney disease follows a vicious cycle: Diabetes and high blood pressure can damage the kidneys, and kidney damage can increase blood pressure, which accelerates the disease even more. Additionally, heart disease is a serious complication of both diabetes and kidney disease. Fortunately, good diet choices and control of blood pressure and blood glucose will protect you on many fronts, says San Diego-based nutrition and diabetes expert Janice Baker, RD, CDE. The types and degrees of changes in eating habits necessary depends on your stage of CKD.

The following is a description of the nutrition recommendations typical in stages 1 and 2:

Protein. Avoid high-protein diets, Tobin says. Your kidneys need to excrete waste products from metabolizing protein. Controlling the protein you eat can reduce your kidneys' workload. Unfortunately, people with diabetes tend to consume large amounts of meat in place of fruits and starches. Tobin recommends limiting chicken, fish, and other protein-rich foods to a serving the size of a deck of cards. Replacing animal proteins with plant proteins, like beans, lentils, and nuts, may offer extra protection.

Sodium. Curb sodium intake for the sake of your blood pressure, Baker recommends. "Remember that a good deal of sodium may be hidden in processed foods such as cheeses, frozen meals, canned soups, processed meats, condiments, and restaurant meals," she says. When shopping, be sure to compare foods for sodium content as well as for carbohydrate and other nutrients.

Fats. You don't need to limit all fats, but do pay special attention to trimming saturated and trans fats, the types that increase your risk for heart disease.

- Remove poultry skin and the visible fat from meats.
- Use low-fat and fat-free milk, cheese, and other dairy products.
- Limit fried foods. Instead, enjoy your foods baked, broiled, stewed, and poached.
- Stay away from foods with partially hydrogenated oils, which is code for trans fat.

- Read the Nutrition Facts panel for both saturated and trans fats. You should avoid trans fat in processed foods. Try to eat no more than 10 percent of your calories from saturated fat, which is about 13–22 grams daily for most people.

Carbohydrate. Continue to consume the amount of carbs your health care provider suggests to manage blood glucose. If you don't usually hit your blood glucose targets, talk to your provider.

Calories. Carrying extra weight can make both blood glucose and blood pressure control more difficult, which accelerates kidney disease and increases your risk for heart disease. Dropping even a few pounds can improve control of both. Downsize portions and choose fewer high-calorie foods.

myth
truth

There's nothing left to eat!

Very few foods are completely off-limits. As usual, however, watch your portions and prepare your foods in healthful ways. Avoid fried, greasy, and heavily-salted foods. "My patients often first come in nervous about what foods they may not be allowed to eat, but they usually leave pleasantly surprised about all the foods that can fit into a special diet," says Janice Baker, RD, CDE, a diabetes expert in San Diego.



foods to love

Your food options will depend on your stage of chronic kidney disease (CKD) and the results of your lab work. The following is general advice for people with diabetes who have early kidney disease.

beans

Consuming beans, lentils, and other plant proteins in place of animal proteins may offer protection to the kidneys, says Lois Tobin, RD, a dietitian with Kaiser Permanente's multidisciplinary kidney program in Portland, Oregon. Eating legumes is also linked to better blood pressure, a lowered risk for cardiovascular disease, and better insulin action. "Set a goal of eating several plant-based meals each week," she says.

Nonstarchy Vegetables

Enjoying these vegetables is a great way to feel full without extra calories or carbs weighing you down. A cup of cauliflower, zucchini, green beans, carrots, or other nonstarchy veggies typically has less than 50 calories and 10 grams of carb. They have tons of vitamins, minerals, and phytochemical health boosters that offer protection against high blood pressure, heart disease, and other health problems. No time to prepare fresh fruits and vegetables? No problem, says Karen Collins, RDN, nutrition adviser to the American Institute for Cancer Research. Stock up on frozen and canned veggies. Choose canned and frozen varieties without added salt and high-fat sauces. "Both are time-savers, eliminating the prep time of washing and chopping," she says.

Frozen vegetables retain nutrients well.

Though some nutrients are lost in the canning process, others are not affected at all. Still others, such as lycopene in tomatoes, are better absorbed from canned tomatoes than fresh, she says.

fish

Enjoy fish a couple of times each week, but keep portions to 3 ounces to prevent overtaxing your kidneys. Choose oily fish for their heart-shielding omega-3 fats, Collins says. These include salmon, tuna, sardines, herring, Atlantic mackerel, arctic char, rainbow trout, and sablefish.



oils

Cooking with oils instead of solid fats like butter and stick margarine is good for your heart. Oils offer us more healthy unsaturated fats and fewer health-damaging saturated fats.

- Sauté broccoli, spinach, and other favorite vegetables in olive oil.
- Stir-fry chicken and veggies in canola oil.
- Dip bread in olive oil with herbs instead of spreading on butter or margarine.
- Lightly sauté slivered garlic in oil to season fish and steamed vegetables.



fruit

Apples, like other white fruits and vegetables, contain the phytochemical quercetin that may help prevent stroke. Apples have also been linked to weight loss and to reducing heart disease and type 2 diabetes. But it's not just apples—fruits in general are known to be healthful foods. Like most vegetables, most fruits supply ample fiber and blood pressure-lowering potassium.

Learn the carb counts of your favorite fruits so you can keep your blood glucose in check.



foods to limit

Colas. These beverages offer nothing essential, but they do contain additives that are especially high in phosphorous, a mineral that is typically restricted with kidney disease, Tobin says. However, maintaining normal phosphorous levels is important to keep your bones healthy. Foods with naturally occurring phosphorous are not likely to be restricted in early kidney disease. The problem with colas and other

highly processed foods is that the form of phosphorous added is very easily absorbed. Look out for other foods with hidden phosphorous, including cereal bars, flavored waters, nondairy creamers, and bottled coffee drinks.

Many packaged foods.

Blood pressure control is important to prevent heart and kidney problems, so you must

watch your sodium intake, Tobin says. Read food labels carefully. Limit frozen meals, canned soups, chips, crackers, and other foods with excess sodium and phosphorous-containing additives.

Butter, bacon, red meat, poultry skin, whole milk, and full-fat cheese. These are heart- and blood vessel-damaging saturated fats. Choose lean meats, skinless poultry, oils, and soft spreads.

Sample daily meal plan



EATING HEALTHY FOR DIABETES & YOUR KIDNEYS

Breakfast 365 calories, 48 g carbohydrate

- 1 cup blueberries and raspberries ($\frac{1}{2}$ cup each)
- 1 egg or 2 egg whites scrambled with sweet pepper and onion (1 tablespoon each) cooked in 1 teaspoon canola oil
- 1 slice whole wheat bread with 1 teaspoon light spreadable margarine
- 1 cup fat-free milk
- Coffee or tea

Lunch 362 calories, 45 g carbohydrate

- Salad with $\frac{1}{2}$ cup kidney beans, $\frac{1}{2}$ apple (chopped), 2 tablespoons reduced-fat cheddar cheese, 2 teaspoons toasted almond slices, and vegetables such as $1\frac{1}{4}$ cups mixed spring lettuces, 2 cherry tomatoes, 1 slice red onion, and 2 tablespoons chopped cucumber. Dress with 2 teaspoons olive oil, 1 teaspoon red wine vinegar, garlic, and herbs.
- 6 small crackers, such as Triscuit Thin Crisps
- Iced tea with lemon

Dinner 419 calories, 47 g carbohydrate

- 2 ounces broiled trout
- $\frac{1}{2}$ cup barley pilaf (with onion and celery cooked in olive oil) or brown rice pilaf
- $\frac{1}{2}$ cup steamed broccoli with garlic and olive oil
- 1 grilled peach (2 halves)
- Iced water

Anytime snacks

- 1 medium kiwifruit (45 calories, 10 g carbohydrate)
- $\frac{1}{2}$ small avocado with tomato, cilantro, black pepper, garlic, and lime juice (122 calories, 8 g carbohydrate)
- 2 very thin slices whole wheat bread, 1 tablespoon natural peanut butter, and 6 ounces fat-free milk (241 calories, 27 g carbohydrate)

daily total

1,554	calories
68 g	fat (38%)
12 g	saturated fat (7%)
0 g	trans fat
219 mg	cholesterol (subtract about 160 mg if using 2 egg whites)
185 g	carbohydrate (45%)
39 g	fiber
70 g	sugars
69 g	protein (17%)
1,546 mg	sodium (per ingredients listed, plus $\frac{1}{4}$ teaspoon salt in cooking or added during the day)

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9x13 desserts

Need to feed a crowd? Grab your trusty 9x13 pan and pick from one of our six sweet diabetes-friendly choices.



Salted Caramel
Pretzel-Oat Bars
recipe on [page 117](#)

RECIPES BY Nancy Hughes
PHOTOS BY Blaine Moats
FOOD STYLING BY Dianna Nolin



Spoonable Pumpkin Pie
recipe on page 117



Cherry-Apple
Dump Cake



Frozen Wintry
Peanut Butter Bars

Cherry-Apple Dump Cake

SERVINGS 24 (1½ cup each)

CARB. PER SERVING 27 g

PREP 20 minutes **BAKE** 70 minutes

- 2 pounds tart apples, such as Granny Smith or Honeycrisp, cored and cut into 1-inch chunks (about 6 cups)
- 2 14.5-ounce cans pitted tart red cherries (water pack), undrained
- 1 pound ripe pears, cored and chopped (about 2¾ cups)
- ⅓ cup dried cranberries
- 2 teaspoons vanilla
- 1½ teaspoons apple pie spice
- 1 package 2-layer-size sugar-free yellow cake mix
- ⅓ cup canola oil
- ½ cup sliced almonds

1. Preheat oven to 350°F. In a very large bowl combine apples, cherries, pears, dried cranberries, vanilla, and 1 teaspoon of the apple pie spice. Spread mixture in a 13x9x2-inch baking dish.

2. In a medium bowl stir together cake mix and the remaining ½ teaspoon apple pie spice. Gradually add oil, tossing until mixture is crumbly. Sprinkle cake mixture on top of fruit layer; sprinkle with almonds.

3. Bake about 70 minutes or until topping is golden. Serve warm or at room temperature.

TO STORE: Store leftovers in an airtight container in the refrigerator up to 3 days.

PER SERVING: 147 cal., 6 g total fat (1 g sat. fat), 0 mg chol., 145 mg sodium, 27 g carb. (3 g fiber, 9 g sugars), 2 g pro.

Frozen Wintry Peanut Butter Bars

SERVINGS 18 (1 bar each)

CARB. PER SERVING 22 g

PREP 15 minutes **STAND** 15 minutes

FREEZE 30 minutes

- 1½ quarts fat-free vanilla frozen yogurt
- 3 medium bananas, chopped
- ⅔ cup unsalted peanuts, toasted and coarsely chopped

⅓ cup miniature semisweet chocolate pieces

Nonstick cooking spray

⅓ cup natural creamy peanut butter

1. Allow frozen yogurt to stand at room temperature about 15 minutes or until slightly softened; stir gently. In a large bowl combine softened frozen yogurt, bananas, half of the peanuts, and half of the chocolate pieces.

2. Spread yogurt mixture in the bottom of a 13x9x2-inch baking pan. Sprinkle with the remaining peanuts and chocolate pieces.

3. Coat a small microwave-safe bowl with cooking spray; add peanut butter. Microwave on 100% power (high) 30 seconds; stir until smooth. Drizzle peanut butter over yogurt mixture. Cover and freeze 30 minutes before serving. Cut into bars to serve.

PER SERVING: 159 cal., 6 g total fat (1 g sat. fat), 0 mg chol., 53 mg sodium, 22 g carb. (1 g fiber, 14 g sugars), 5 g pro.



Pineapple-Spice
Snack Cake
recipe on page 118

SAY YES TO DESSERT!

Look for our first-ever *Diabetic Desserts* magazine with 120 rich and creamy desserts you can eat without guilt. Enjoy cakes, tarts, brownies, and frozen treats—all with less than 200 calories! Look for it on newsstands August 18.



meals in minutes

Who has time to cook? You do! These recipes prove it takes only minutes to make a delicious, healthful meal.

RECIPES BY Jane Burnett, RD, LD

PHOTOS BY Jacob Fox

FOOD STYLING BY Susan Draudt

10
minute

breakfast

Make-and-Take Breakfast Sausage Sandwiches

SERVINGS 2 (1 sandwich each)

CARB. PER SERVING 33 g

START TO FINISH 10 minutes

- 2 light multigrain English muffins, such as Thomas' brand
- 2 frozen cooked turkey sausage patties, such as Jimmy Dean brand
- 2 1/2-ounce slices reduced-fat sharp cheddar cheese
- 4 teaspoons mango chutney or low-sugar orange marmalade

1. Split and toast the English muffins. Meanwhile, microwave frozen sausage patties according to package directions.
2. While toasted muffins are warm, place a cheese slice on each English muffin bottom; top cheese with a sausage patty. Top sausage with chutney. Top with English muffin tops.

PER SERVING: 229 cal., 8 g total fat (3 g sat. fat), 38 mg chol., 612 mg sodium, 33 g carb. (8 g fiber, 7 g sugars), 15 g pro.

Quick fix: Jimmy Dean Fully Cooked Turkey Sausage Patties are a snap to prepare. We like them paired with Thomas' low-cal, high-fiber English muffins.



Continued on page 96 ➡

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15
minute

lunch

Hot Dog with Cucumber-Avocado Slaw

SERVINGS 1 (1 hot dog in bun and 1¹/₄ cups slaw)

CARB. PER SERVING 32 g

START TO FINISH 15 minutes

- 1 uncured turkey hot dog, such as Applegate brand
- ¹/₂ cup chopped, seeded cucumber
- ¹/₂ cup shredded cabbage with carrot (coleslaw mix)
- ¹/₄ cup chopped red onion
- ¹/₄ of an avocado, chopped
- 1 tablespoon plain low-fat yogurt
- 1 tablespoon sweet pickle relish
- 1 tablespoon lime juice
- 1 reduced-calorie wheat hot dog bun, such as Sara Lee brand

1. Place hot dog in a medium saucepan; add just enough hot tap water to cover the hot dog. Bring water to boiling; cook hot dog according to package directions.
2. Meanwhile, in a medium bowl toss together cucumber, coleslaw mix, onion, and avocado. For dressing, in a small bowl whisk together yogurt, pickle relish, and lime juice. Pour dressing over slaw; stir.
3. Serve hot dog in bun; top with some of the slaw mixture. Serve remaining slaw on the side.

PER SERVING: 247 cal., 10 g total fat (2 g sat. fat), 26 mg chol., 537 mg sodium, 32 g carb. (10 g fiber, 11 g sugars), 12 g pro.

Quick fix: Applegate turkey hot dogs bring less fat and sodium and fewer calories to this Baja-style lunch than regular hot dogs. Keep the lunch light with Sara Lee Delicious 80-calorie buns.



20
minute

dinner

Vegetarian Orange Sesame Stir-Fry

SERVINGS 3 (2 cups each)

CARB. PER SERVING 33 g

START TO FINISH 20 minutes

- 1 14-ounce package extra-firm tofu (fresh bean curd)
- ¹/₂ teaspoons sesame oil
- 1 tablespoon sesame seeds
- 1 14.4-ounce package frozen asparagus and pasta stir-fry blend, such as Birds Eye brand
- 1 8-ounce can sliced water chestnuts, drained
- ¹/₄ cup orange juice
- 2 tablespoons reduced-sodium soy sauce
- 1 tablespoon honey
- 2 teaspoons cornstarch
- 2 teaspoons ginger paste, such as Gourmet Garden brand
- ¹/₄ teaspoon crushed red pepper
- ¹/₈ teaspoon salt

1. Place tofu in a large strainer set over a bowl to drain.
2. Meanwhile, coat an extra-large nonstick skillet with *nonstick cooking spray*. Add sesame oil. Heat over medium-high heat.
3. Cut tofu into ³/₄-inch cubes; cook in hot oil about 8 minutes, turning occasionally until evenly browned.
4. Add sesame seeds, stir-fry blend, and water chestnuts; cook 3 minutes or until vegetables are crisp-tender.
5. In a bowl whisk together orange juice, soy sauce, honey, cornstarch, ginger paste, red pepper, and salt. Pour over tofu mixture; cook 2 minutes.

PER SERVING: 306 cal., 11 g total fat (1 g sat. fat), 0 mg chol., 546 mg sodium, 33 g carb. (3 g fiber, 14 g sugars), 18 g pro.

Quick fix: There's no mincing or mess with Gourmet Garden fresh ginger in a tube. Birds Eye Asparagus Stir-Fry veggie-and-pasta blend saves major chopping time.



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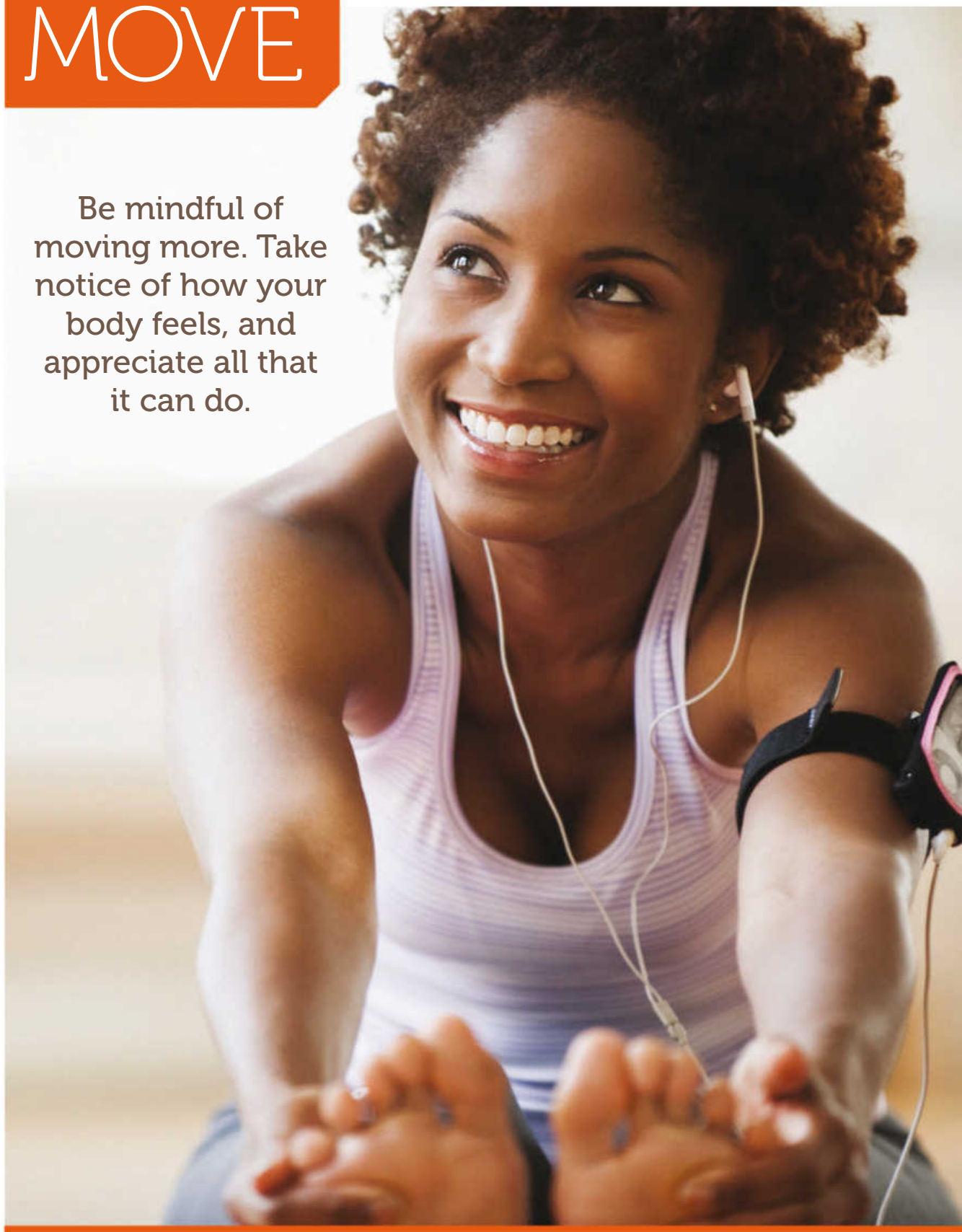
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TAKE CHARGE!

BY Lauren Grant

EXERCISING AFTER DINNER MAY BE BEST

Working out any time of day is better than not doing it at all, but a study suggests evening might be the best time to fit in a sweat session.

Researchers from the University of Missouri in Columbia studied obese people with type 2 diabetes and had them exercise at different times of day. The researchers found that those who did resistance exercises, such as leg lifts and crunches, 45 minutes after their evening meal had lower blood glucose and fat levels than if they had done the same workout prior to eating dinner.



Gestational Diabetes & Type 2: BREAK THE LINK

Although gestational diabetes typically goes away once a child is born, women who experience the condition are 48 percent more likely to develop type 2 diabetes later in life than women who did not have gestational diabetes, according to a recent study published online in the *Journal of Clinical Endocrinology and Metabolism*.

Following a regular exercise schedule as well as taking metformin reduced women's risk of developing type 2 diabetes. For more on this topic, see page 32.

A Little Goes a Long Way

Exercise does not need to be intense for your health to improve.

A study at Oxford University in England found that women who exercised moderately (walking, gardening, or biking) a few times a week had an average decreased risk of 20 percent for heart disease, stroke, and blood clots. The study followed 1.1 million women over nine years.



Take Care of Your Toes

Uncontrolled blood glucose can cause a lack of sensitivity in your feet and toes that can make you unaware of sores, blisters, and cuts. That can lead to infection. It's important for people with diabetes to find the right pair of shoes before starting any exercise.

Three things to look for in a good shoe:

- 1** A large toe box so your toes are not crowded and circulation is not constricted.
- 2** Ample insole cushioning to minimize stress on the sole.
Make sure the insole arch isn't too high, which can cause foot stress as well.
- 3** A low heel made from hard rubber. This keeps pressure off the ball and heel of your foot, helping to keep calluses and ulcers from forming. A hard heel also protects your foot from sharp objects.
Be sure to wear socks that fit well and do not have any seams that could cause irritation. Cotton socks help keep your feet dry and cool.

"Don't get mad.
Don't get even.

*Get stronger,
faster,
and more
powerful...
In the end, it's
your life, your
choice."*

—speed skater Apolo Ohno



WALK WITH A DOC

In more than 35 states and the District of Columbia, you can join a walking group that gives you direct access to a local doctor who's walking right alongside you.

Walk with a Doc is the creation of David Sabgir, M.D., a cardiologist in Westerville, Ohio, who was frustrated with his inability to get his patients to exercise more.

"Probably 97 percent of our patients were sedentary," he says. "I finally started saying, 'If my family and I were at the park Sunday, would you come walk with us?'"

He collected names of interested people over the winter

of 2004 and held the first walk in April 2005. The idea caught on, and today Walk with a Doc has more than 160 participating sites around the country. Find one near you at walkwithadoc.org.

"Being in a group like this absolutely improves your commitment to walking," Sabgir says. "If there's someone waiting on you, you really don't want to let them down."

Other benefits of walking include reducing the risk of lung cancer, arthritis, and more. "It's hard to find health benefits walking doesn't have," he says.

TAKE CHARGE!

WEIGHT LOSS

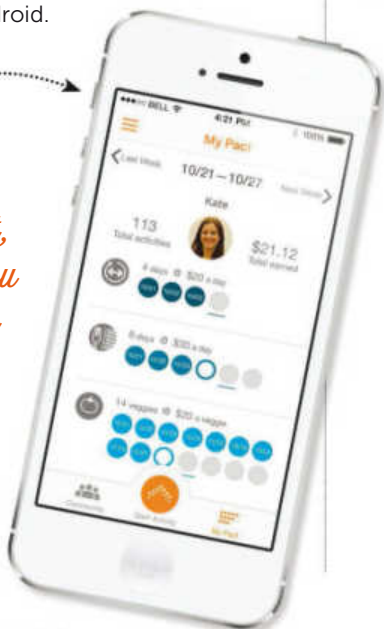
Health Nets Wealth

A free phone app called Pact encourages you to stay active with an incentive of making—or losing—money.

Here's how it works: Set an exercise goal, log your food intake, and make a promise to eat a certain amount of fruits and vegetables per week. If you hit your goal, you get paid. Don't meet your goal for the week? You pay other Pact community members who met their goals. Set a goal, make a pact, and stay on the right track.

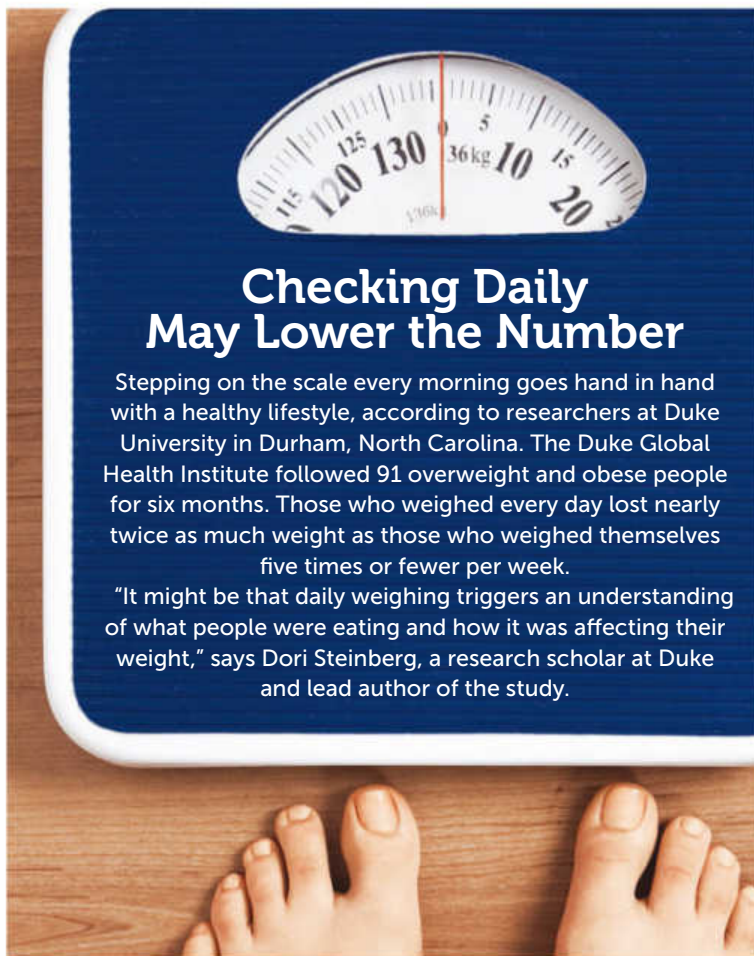
Rewards average between 35 cents and \$5 a week. Once you hit \$10, you can withdraw your winnings on the site via PayPal. Each week, you set your goals and how much you want to be penalized for not reaching them. The most you can penalize yourself is \$10 a week. Available for iOS and Android.

*Set a goal,
make a pact,
and see if you
can stay on
track.*

Checking Daily
May Lower the Number

Stepping on the scale every morning goes hand in hand with a healthy lifestyle, according to researchers at Duke University in Durham, North Carolina. The Duke Global Health Institute followed 91 overweight and obese people for six months. Those who weighed every day lost nearly twice as much weight as those who weighed themselves five times or fewer per week.

"It might be that daily weighing triggers an understanding of what people were eating and how it was affecting their weight," says Dori Steinberg, a research scholar at Duke and lead author of the study.

GASTRIC BYPASS BEATS THE
BAND FOR WEIGHT LOSS

If you're considering surgery to lose weight, gastric bypass appears to be the most successful.

In a study in the *Journal of the American Medical Association*, researchers at the University of Texas Southwestern Medical Center in Dallas followed 30 people. Those who had bypass lost more weight than those who had gastric banding. Gastric bypass people lost 66 percent of weight compared with 45 percent among the gastric band group. Also, more people who had bypass surgery experienced remission of type 2 diabetes than those who had the gastric band.

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lunchtime WORKOUT

The next time you have 10 extra minutes, try these quick moves. They'll give you a boost of energy and leave plenty of time for lunch.



WRITTEN BY **Susie Bormann**, AFAA-certified personal trainer | ILLUSTRATIONS BY **Allan Drummond**
PHOTOS BY **Blaine Moats** | BEAUTY STYLING BY **Summer Fuller**



A workout in your office cubicle can't replace your fitness routines, but when time is limited, it's a great way to squeeze in some activity. After all, stolen moments of movement can add up.

"Exercise is the single best thing you can do for your brain in terms of mood, memory, and learning," says John Ratey, M.D., associate clinical professor of psychiatry at Harvard Medical School.

Practice the following exercises a few times. When you become familiar with them, plan to complete 15 repetitions of each, one right after the other. It takes about 5 minutes to do them all. Your heart rate will elevate and blood will flow, making you feel more energetic. If you have time, repeat the circuit twice or three more times.

◀◀ **CHAIR SQUAT**

Sit tall in your chair with your heels directly below your knees at hip width apart. Keeping your shoulders over your hips and arms, reach in front of you.

Lean forward slightly as you press down through your heels and stand all the way up, then slowly come back to the seated position. If you want to advance the move, make it a single-leg squat, working one leg at a time. To make it easier, shorten your range of motion and don't sit all the way back down.



◀◀ **SEATED TORSO ROTATION**

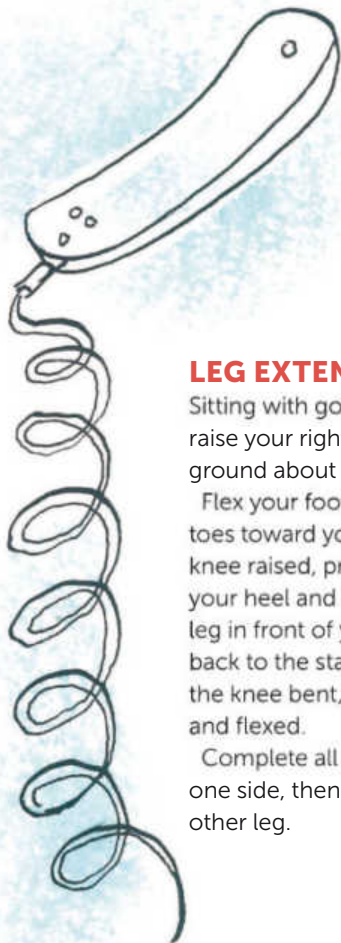
Sit on a chair with good posture, knees touching and ankles directly under the knees. Squeeze your knees together as you rotate both shoulders to the left. Place your right hand on the outside of your left thigh and your left arm on the back of your chair. Turn your head toward the right shoulder; hold this position for five deep breaths. As you inhale, relax; as you exhale, twist a little deeper. Repeat on the other side.

◀◀ **DESK TRICEPS PUSH-UP**

Start with your palms flat on the edge of your desk and directly below your shoulders, keeping your elbows tight to your sides. Walk your feet away from the desk, forming a plank position from your head to your heels.

Lower your chest toward the desk, then push back up. To make it more challenging, lower farther.





LEG EXTENSION >>

Sitting with good posture, raise your right foot off the ground about 3 inches.

Flex your foot, pulling your toes toward you. Keeping the knee raised, press through your heel and straighten your leg in front of you, then come back to the start position with the knee bent, foot raised and flexed.

Complete all repetitions on one side, then repeat on the other leg.



<< DESK PUSH-UP

The start position is the same as the desk triceps push-up, except place your hands slightly wider than shoulder width apart, allowing your elbows to come away from your body.

Walk your feet away from the desk, forming a plank from your head to your heels. Bend your arms, elbows open at an angle away from your body, and lower your chest toward the desk. Then press back up to the starting plank position.



STANDING >> HAMSTRING CURL

Standing at your desk with good posture, lift your right leg slightly behind you. Flex your foot and curl your heel toward your buttocks, then release back down. Complete all repetitions on one leg, then repeat on the other leg. Add a light ankle weight to make it more difficult; to make it easier, shorten the range of motion.





YOU DON'T WORK IN AN OFFICE?

No problem. There are lots of other ways to sneak in physical activity. A few ideas:

- When you are making dinner, do a set of push-ups off the kitchen counter.
- Keep a light set of weights beside your bed to do overhead presses after you wake up.
- Arrive early for your next appointment or coffee date and walk around the building or parking lot for 15 minutes.
- Put the TV remote across the room so you need to get off the couch to change channels.



learn to like exercise

Being active doesn't have to be a chore. Changing your outlook and finding the right moves for your body could make all the difference.

BY Kathleen Heins

Meteorologist Mark Lee of Greensburg, Pennsylvania, was stunned to be diagnosed with type 2 diabetes at age 48. "I'm not a big person and never thought of myself as obese, but at 200 pounds and 5 foot 9 inches, I definitely was," Mark says. His doctor prescribed metformin and told him to lose 15 pounds. But exercise was a foreign concept for Mark.

He started using an elliptical

machine at a gym three or four times a week, but he found it boring. An avid hockey fan, Mark wondered how skating might translate into becoming more active in an enjoyable way. He signed up for an adult hockey league. Mark, now 54, plays hockey several nights a week. He weighs 148 pounds and no longer takes diabetes medication.

Finding a way to make exercise fun is key to losing weight and

mix
it up!

To keep the fun in fitness, try to engage in more than one activity during the course of your week. Here are a few ideas to help get you started.



keeping it off, says Michelle Segar, Ph.D., author of *No Sweat: How the Simple Science of Motivation Can Bring You a Lifetime of Fitness* (AMACOM, 2015). "The idea of exercise has become too much of a synonym for punishment," Segar says. "You hear the word *exercise* and immediately think that if you're not drenched in sweat and gutting it out on some kind of complicated gym equipment for an hour a day, you're failing."

Alter your vocabulary

To learn to like exercise, you must change the way you think about being active. For starters, Segar says, stop using the terms *should* and *need to*. "Guilt murders motivation; research shows that when people feel guilty, it's a low-quality motivation and they don't stick with it," she says. Segar recommends replacing the terms *exercise* and *physical activity* with *physical movement*.

Next, tap your inner child. "I encourage people to give themselves permission to be in physical-activity kindergarten—playing, learning, and seeing what works for them," Segar says. Humans tend to be driven by

feelings, she says: If it feels good, you're far more likely to do it consistently; if it doesn't, you're going to flop on the couch instead. Think of exercise as a gift you give yourself. When you've found what speaks to you, take a moment to think about how great you feel while you're doing it. That alone can bring you back for more.

Quit the guilt trips

Sheri Colberg, Ph.D., a professor of exercise science at Old Dominion University in Norfolk, Virginia, says on days that you just don't feel like moving, try testing the water for 10 minutes and see if you end up doing more. "By the time I get going, I end up doing the amount I would have done," says Colberg, author of *The Diabetes Breakthrough: Based on a Scientifically Proven Plan to Lose Weight and Cut Medications* (Harlequin, 2014).

If you haven't been exercising consistently or are new to it, just spending a few minutes a day engaged in physical movement—such as a brief walk—is a good start. Even standing while talking on the phone is better than sitting and talking.

Colberg, who has type 1 diabetes, created the website Diabetes Motion (diabetesmotion.com) to help people with diabetes exercise safely and effectively regardless of fitness level. "For some people, fear of developing hypoglycemia associated with exercise keeps them sedentary, so the site gives tips on how to prevent that from occurring," she says.

Whatever physical movement you choose, clear it with your health care provider and start slow. Stay hydrated and carry a carbohydrate source in case your blood sugar drops too low. Treat yourself to workout shoes that provide extra cushioning to reduce stress on feet and joints. Check your feet after workouts for signs of injury or irritation.

Mark says he's now in the best shape of his life and has more energy than ever. "In the old days, after a long day at work, I would crash in front of the television," he says. Now Mark spends nights working in his yard or walking his dogs. In the winter, he hits the ice. "Being active on a regular basis has allowed me to do things in my life I never thought possible," he says. "It really was a life changer."

«Venture outside your comfort zone.

Give yoga or tai chi a chance. Classes are offered for all levels, and some are even done in a chair.

Dance! Try a class that offers a workout such as Jazzercise or Zumba. Ballroom, swing, and line dancing are other ideas.

«Get your joe to go. Instead of meeting a friend for coffee, grab a cup to go and head out the door for a walk.

Hit the pool. For a great workout that's easy on the joints, check out water exercise classes.

Make your own mini gym. Invest in a few hand weights and resistance bands and keep them near the couch. Use them during your favorite show or commercials. Strength training makes the body more sensitive to insulin and helps lower blood glucose.





See how we calculate nutrition information to help you count calories, carbs, and serving sizes.

< High-Standards Testing

This seal assures you every recipe in this issue of *Better Homes and Gardens® Diabetic Living®* magazine has been tested in the Better Homes and Gardens® Test Kitchen. This means each recipe is practical, reliable, and meets our high standards of taste appeal.

Inside Our Recipes

Precise serving sizes (listed below each recipe title) help you to manage portions. Test Kitchen tips and sugar substitutes are listed after recipe directions. Kitchen basics such as ice, salt, black pepper, and nonstick cooking spray often are not listed in the ingredients list; they are italicized in the directions.

Ingredients

- Tub-style vegetable oil spread refers to 60% to 70% vegetable oil product.
- Lean ground beef refers to 95% or leaner.

Nutrition Information

Nutrition facts per serving are noted with each recipe. Ingredients listed as optional are not included in the nutrition analysis. When ingredient choices appear, we use the first one to calculate the nutrition analysis.

Key to Abbreviations

cal. = calories carb. = carbohydrate
sat. fat = saturated fat pro. = protein
chol. = cholesterol

PIZZA NIGHT

Continued from page 67

Whole Wheat Individual Pizza Crusts

SERVINGS 6 (1 pizza each)

CARB. PER SERVING 19 g

PREP 25 minutes **STAND** 10 minutes

- $\frac{3}{4}$ cup whole wheat flour
- $\frac{1}{2}$ cup all-purpose flour
- $\frac{1}{8}$ teaspoon salt
- 6 tablespoons water

1. In a medium bowl stir together whole wheat flour, $\frac{1}{4}$ cup of the all-purpose flour, and salt. Gradually stir in the water to make a soft dough, adding additional water, 1 teaspoon at a time, if necessary. Shape dough into a ball. Sprinkle some of the remaining $\frac{1}{4}$ cup all-purpose flour on a work surface. Knead dough on floured surface until smooth, elastic, and slightly sticky. Cover; let stand 10 minutes.
2. Divide dough into six portions. Roll each portion between the palms of your hands into a smooth ball. Press balls to flatten; lightly

coat both sides with more of the remaining flour. Using a rolling pin, roll dough into 6-inch circles, using the remaining flour as necessary.

3. For a charcoal or gas grill, grease grill rack. Place dough circles on the rack directly over medium heat. Cover and grill about 1 minute or until firm. Turn and grill about 1 minute more or until puffed. Remove from grill. Using a clean, folded kitchen towel, evenly press crusts down gently yet firmly. Crusts will deflate as pressed.
4. Use immediately or store in an airtight container at room temperature up to 2 days or freeze up to 2 months.

PER SERVING: 89 cal., 0 g total fat, 0 mg chol., 49 mg sodium, 19 g carb. (2 g fiber, 0 g sugars), 3 g pro.

Farmstand Pizza

SERVINGS 6 (1 pizza each)

CARB. PER SERVING 26 g

START TO FINISH 30 minutes

- $\frac{3}{4}$ cup fresh or frozen corn kernels, thawed
- $\frac{3}{4}$ cup 1-inch pieces fresh green beans

- 1 cup fresh baby arugula or baby kale
- $\frac{1}{3}$ cup chopped red sweet pepper
- 1 tablespoon lemon juice
- 2 teaspoons olive oil
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{8}$ teaspoon black pepper
- 1 recipe Whole Wheat Individual Pizza Crusts (*left*)
- 6 tablespoons pizza sauce
- $1\frac{1}{2}$ cups shredded part-skim mozzarella cheese (6 ounces)

1. In a covered medium saucepan cook corn in a small amount of boiling water 2 minutes. Add green beans; cook 5 minutes more or until vegetables are crisp-tender; drain. Rinse with cold water; drain again.
2. In a medium bowl combine corn mixture, arugula, and sweet pepper. For vinaigrette, in a small screw-top jar combine lemon juice, oil, salt, and black pepper. Cover; shake well.
3. Spread Whole Wheat Individual Pizza Crusts with pizza sauce; sprinkle with cheese. For a charcoal or gas grill, place pizzas on grill rack directly over low heat. Cover; grill 2 to 3 minutes or

until heated through and cheese is melted. Remove from grill. Top with vegetable mixture and drizzle with vinaigrette.

PER SERVING: 210 cal., 7 g total fat (3 g sat. fat), 19 mg chol., 356 mg sodium, 26 g carb. (3 g fiber, 3 g sugars), 11 g pro.

Smoked Salmon and Dill Pizza

SERVINGS 6 (1 pizza each)

CARB. PER SERVING 21 g

START TO FINISH 25 minutes

- 1/2 cup light cream cheese spread, softened
- 1/4 cup light sour cream
- 1 teaspoon lemon juice
- 1 recipe Whole Wheat Individual Pizza Crusts (*opposite*)
- Olive oil nonstick cooking spray
- 1/2 of a small cucumber, halved lengthwise and very thinly sliced
- 6 ounces thinly sliced smoked salmon (lox-style)
- 2 tablespoons capers, drained
- 1 tablespoon snipped fresh dill weed
- 1/8 teaspoon black pepper

1. In a bowl combine cream cheese, sour cream, and lemon juice.
2. Lightly coat one side of Whole Wheat Individual Pizza Crusts with cooking spray. For a charcoal or gas grill, place crusts, coated sides down, on grill rack directly over low heat. Cover; grill 2 to 3 minutes or until browned, rotating quarter turns for even browning. Remove from grill.
3. Place crusts, grilled sides down, on a work surface. Spread about 2 tablespoons of the cream cheese mixture over each crust. Arrange cucumber on cream cheese mixture; top with salmon. Sprinkle with capers, dill, and pepper.

PER SERVING: 182 cal., 6 g total fat (3 g sat. fat), 29 mg chol., 508 mg sodium, 21 g carb. (2 g fiber, 2 g sugars), 11 g pro.

Barbecue Chicken and Peach Pizza

SERVINGS 6 (1 pizza each)

CARB. PER SERVING 33 g or 32 g

START TO FINISH 20 minutes

- 3 tablespoons finely chopped onion
- 3 tablespoons light mayonnaise
- 1 tablespoon cider vinegar
- 2 teaspoons sugar*
- 1/4 teaspoon salt
- 1/8 teaspoon black pepper
- 1 1/2 cups packaged shredded cabbage with carrot (coleslaw mix)
- 1 recipe Whole Wheat Individual Pizza Crusts (*opposite*)
- 1/2 cup hickory-flavor barbecue sauce
- 6 ounces cooked chicken breast, shredded (about 1 1/2 cups)
- 1 cup chopped fresh or frozen peaches, thawed

1. In a small bowl combine onion, mayonnaise, vinegar, sugar, salt, and pepper. Stir in the coleslaw mix; set aside.
2. Spread Whole Wheat Individual Pizza Crusts with barbecue sauce. Top with chicken.
3. For a charcoal or gas grill, place pizzas on grill rack directly over low heat. Cover and grill 2 to 3 minutes or until heated through. Remove from grill. Top with coleslaw mixture and peaches.

***SUGAR SUBSTITUTE:** Choose Splenda Sugar Blend. Follow package directions to use product amount equivalent to 2 teaspoons sugar.

PER SERVING: 212 cal., 3 g total fat (1 g sat. fat), 25 mg chol., 442 mg sodium, 33 g carb. (3 g fiber, 12 g sugars), 13 g pro.

PER SERVING WITH SUBSTITUTE: Same as above, except 210 cal., 32 g carb. (11 g sugars)

White Shrimp Pizza

SERVINGS 6 (1 pizza each)

CARB. PER SERVING 22 g

START TO FINISH 35 minutes

- 6 ounces peeled and deveined fresh or frozen small shrimp
- 2 teaspoons olive oil
- 2 tablespoons finely chopped shallot (1 medium)
- 2 tablespoons dry white wine
- 1 teaspoon all-purpose flour
- 1/2 cup light Alfredo pasta sauce
- Olive oil nonstick cooking spray
- 1 recipe Whole Wheat Individual Pizza Crusts (*opposite*)
- 1/2 cup shredded Fontina cheese (2 ounces)
- 1/4 cup shredded part-skim mozzarella cheese (1 ounce)
- 6 slices lower-sodium, less-fat bacon, cooked and crumbled
- 6 tablespoons slivered red onion
- Snipped fresh Italian parsley

1. Thaw shrimp, if frozen. Rinse shrimp; pat dry with paper towels. Thread shrimp onto three 12-inch skewers; set aside.
2. For sauce, in a small saucepan heat oil over medium heat. Add shallot; cook and stir about 3 minutes or until tender. Add wine; cook and stir until wine is nearly evaporated. Stir in flour, then stir in Alfredo sauce. Cook and stir until thickened and bubbly. Cook and stir 1 minute more.
3. Lightly coat shrimp with cooking spray. For a charcoal or gas grill, grease grill rack. Place shrimp skewers on the rack directly over medium heat. Cover and grill 3 to 4 minutes or until shrimp are opaque, turning once halfway through grilling. Remove shrimp from skewers.
4. Spread Whole Wheat Individual Pizza Crusts with sauce. Top with grilled shrimp, Fontina cheese, and mozzarella cheese. Place pizzas on

the grill rack directly over low heat. Cover and grill 2 to 3 minutes or until heated through and cheeses are melted. Remove from grill. Sprinkle with bacon, red onion, and parsley.

PER SERVING: 230 cal., 9 g total fat (4 g sat. fat), 65 mg chol., 366 mg sodium, 22 g carb. (2 g fiber, 1 g sugars), 14 g pro.

Southwestern Steak Pizza

SERVINGS 6 (1 pizza each)

CARB. PER SERVING 29 g

PREP 20 minutes **GRILL** 19 minutes

STAND 5 minutes

- 8 ounces beef flank steak
- $\frac{3}{4}$ teaspoon salt
- $\frac{1}{2}$ teaspoon black pepper
- 2 medium avocados, halved, seeded, peeled, and mashed
- 2 teaspoons lime juice
- 1 teaspoon salt-free fiesta lime seasoning blend, such as Mrs. Dash brand
- $\frac{1}{4}$ teaspoon ground cumin
- 1 recipe Whole Wheat Individual Pizza Crusts (page 110)
- $\frac{3}{4}$ cup shredded reduced-fat Mexican cheese blend (3 ounces)
- $\frac{1}{2}$ of a 15-ounce can no-salt-added black beans, rinsed and drained ($\frac{3}{4}$ cup)
- 1 cup grape tomatoes, quartered
- 2 tablespoons light sour cream (optional)
- Fresh cilantro leaves

1. Sprinkle steak with $\frac{1}{2}$ teaspoon of the salt and $\frac{1}{4}$ teaspoon of the pepper. For a charcoal or gas grill, place steak on the grill rack directly over medium heat. Cover and grill 17 to 21 minutes for medium (160°F), turning once halfway through grilling. Remove from grill; let stand 5 minutes. Thinly slice steak diagonally across the grain.
2. Meanwhile, in a medium bowl combine mashed avocados, lime

juice, fiesta lime seasoning, cumin, and the remaining $\frac{1}{4}$ teaspoon salt and $\frac{1}{4}$ teaspoon pepper.

3. Spread Whole Wheat Individual Pizza Crusts with avocado mixture; sprinkle with cheese. Top with steak slices, black beans, and tomatoes. Place pizzas on grill rack directly over low heat. Cover and grill 2 to 3 minutes or until heated through. Remove from grill. Top with sour cream (if desired) and cilantro.

PER SERVING: 291 cal., 12 g total fat (3 g sat. fat), 32 mg chol., 481 mg sodium, 29 g carb. (7 g fiber, 1 g sugars), 18 g pro.

Caribbean Jerk Chicken Pizza

SERVINGS 6 (1 pizza each)

CARB. PER SERVING 33 g or 32 g

PREP 30 minutes **COOK** 15 minutes

GRILL 2 minutes

- 12 ounces cooked chicken breast, shredded (about 3 cups)
- 1 tablespoon Jamaican jerk seasoning
- 2 tablespoons cider vinegar
- 1 tablespoon packed brown sugar*
- 1 tablespoon lime juice
- 1 teaspoon grated fresh ginger
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{4}$ teaspoon black pepper
- 2 cups chopped very ripe mango
- $\frac{3}{4}$ cup chopped fresh pineapple
- $\frac{1}{4}$ cup chopped red onion
- $\frac{1}{2}$ of a fresh jalapeño chile pepper, seeded and minced**
- 1 recipe Whole Wheat Individual Pizza Crusts (page 110)
- 6 tablespoons thinly sliced green onions (3)
- Thinly sliced fresh jalapeño chile peppers (optional)**

1. In a bowl toss together chicken and jerk seasoning; set aside.

2. In a medium saucepan combine vinegar, brown sugar, lime juice, ginger, salt, and black pepper. Bring to simmering, stirring until sugar is dissolved. Stir in mango, pineapple, red onion, and minced jalapeño. Simmer, uncovered, 15 minutes or until fruit is tender and slightly broken down, stirring occasionally. Cool slightly. Coarsely mash fruit.

3. Spread Whole Wheat Individual Pizza Crusts with mango mixture. Top with chicken.

4. For a charcoal or gas grill, place pizzas on grill rack directly over low heat. Cover and grill 2 to 3 minutes or until heated through. Remove from grill. Top with green onions and, if desired, jalapeño slices.

***SUGAR SUBSTITUTE:** Choose Splenda Brown Sugar Blend. Follow package directions to use product amount equivalent to 1 tablespoon brown sugar.

****TEST KITCHEN TIP:** Chile peppers contain oils that can irritate your skin and eyes. Wear plastic or rubber gloves when working with chile peppers.

PER SERVING: 259 cal., 5 g total fat (1 g sat. fat), 48 mg chol., 340 mg sodium, 33 g carb. (3 g fiber, 12 g sugars), 21 g pro.

PER SERVING WITH SUBSTITUTE: Same as above, except 255 cal., 32 g carb. (11 g sugars).

CRISPY FISH

Continued from page 71

Sweet Chili and Pistachio Mahi Mahi

SERVINGS 4 (1 fish fillet and

$\frac{1}{2}$ cup quinoa mixture each)

CARB. PER SERVING 28 g

PREP 25 minutes **BAKE** 12 minutes

- 4 4- to 5-ounce fresh or frozen mahi mahi fillets
- 1 lime
- 5 teaspoons honey, warmed
- 2 teaspoons olive oil

- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{4}$ teaspoon black pepper
- $\frac{1}{2}$ cup salted dry-roasted pistachio nuts or whole almonds
- $\frac{3}{4}$ teaspoon chili powder
- $\frac{1}{4}$ teaspoon onion powder
- $\frac{1}{4}$ teaspoon paprika
- $\frac{1}{3}$ cups cooked quinoa
- $\frac{1}{2}$ cup chopped red sweet pepper
- $\frac{1}{4}$ cup chopped red onion
- $\frac{1}{4}$ cup snipped fresh cilantro
- Fresh cilantro sprigs (optional)

1. Thaw fish, if frozen. Preheat oven to 325°F. Line a baking sheet with parchment paper; set aside. For lime dressing, finely shred the peel and squeeze the juice from lime. In a small bowl combine lime peel, lime juice, 2 teaspoons of the honey, the oil, salt, and black pepper; set aside.

2. In a small bowl combine pistachios, chili powder, onion powder, paprika, and 1 teaspoon of the honey. Spread on the prepared baking sheet. Bake about 12 minutes or until toasted; cool. Place pistachios in a small food processor. Cover and process until finely crushed.

3. Increase oven temperature to 425°F. Reline baking sheet with parchment paper; set aside. Rinse fish; pat dry with paper towels. Brush tops of fish with the remaining 2 teaspoons honey. Sprinkle with crushed pistachios, pressing to adhere. Place fish on the prepared baking sheet. Bake 10 to 15 minutes or until fish flakes easily.

4. Meanwhile, in a medium bowl combine quinoa, sweet pepper, onion, and snipped cilantro. Stir in lime dressing. Serve fish with quinoa mixture. If desired, garnish with cilantro sprigs.

PER SERVING: 322 cal., 12 g total fat (2 g sat. fat), 83 mg chol., 328 mg sodium, 28 g carb. (4 g fiber, 10 g sugars), 28 g pro.

Coconut-Crusted Tilapia

SERVINGS 4 (1 fish fillet, about 4 spears asparagus, and 3 tablespoons chutney each)

CARB. PER SERVING 23 g

PREP 40 minutes **BAKE** 10 minutes

- 4 4-ounce fresh or frozen tilapia fillets
- 2 cups finely chopped fresh pineapple
- $\frac{1}{2}$ cup orange juice
- 6 tablespoons water
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{8}$ teaspoon black pepper
- 2 teaspoons cornstarch
- $\frac{1}{4}$ cup chopped red sweet pepper
- 2 tablespoons golden or regular raisins
- 2 tablespoons snipped fresh parsley
- $\frac{1}{2}$ cup unsweetened finely shredded coconut
- $\frac{1}{2}$ cup whole wheat panko bread crumbs
- 2 teaspoons olive oil
- $\frac{1}{4}$ cup refrigerated or frozen egg product, thawed
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{8}$ teaspoon ground coriander
- $\frac{1}{8}$ teaspoon black pepper
- 12 ounces asparagus spears, trimmed

1. Thaw fish, if frozen. Preheat oven to 425°F. Line a baking sheet with foil; set aside.

2. For pineapple chutney, in a medium saucepan combine pineapple, orange juice, $\frac{1}{4}$ cup of the water, $\frac{1}{4}$ teaspoon salt, and $\frac{1}{8}$ teaspoon black pepper. Bring to boiling; reduce heat. Simmer, uncovered, about 15 minutes or until pineapple is nearly tender. Using a potato masher or fork, slightly mash pineapple. In a small bowl combine the remaining 2 tablespoons water and the cornstarch; stir into pineapple mixture. Stir in sweet pepper and raisins. Simmer, uncovered, about

4 minutes more or until sweet pepper is crisp-tender and mixture is slightly thickened, stirring occasionally. Stir in parsley.

3. Meanwhile, rinse fish; pat dry with paper towels. In a shallow dish stir together coconut, bread crumbs, and oil until combined. Pour egg into another shallow dish. Dip fish in egg, then in coconut mixture, turning to coat and pressing to adhere. Place fish on the prepared baking sheet. Sprinkle with $\frac{1}{4}$ teaspoon salt, the coriander, and $\frac{1}{8}$ teaspoon black pepper. Bake about 10 minutes or until coating is golden and fish flakes easily when tested with a fork.

4. In a covered large skillet cook asparagus in a small amount of boiling lightly salted water 3 to 5 minutes or until crisp-tender; drain water.

5. Serve fish with asparagus. Top each serving with 3 tablespoons pineapple chutney. Reserve remaining chutney for another use.*

***TEST KITCHEN TIP:** Serve the remaining pineapple chutney with fish, pork, and poultry.

PER SERVING: 279 cal., 10 g total fat (6 g sat. fat), 57 mg chol., 334 mg sodium, 23 g carb. (5 g fiber, 9 g sugars), 29 g pro.

Tortilla Chip Flounder with Black Bean Salad

SERVINGS 4 (1 fish fillet and $\frac{2}{3}$ cup bean salad each)

CARB. PER SERVING 35 g

PREP 30 minutes **BAKE** 8 minutes

- 4 3- to 4-ounce fresh or frozen flounder fillets or other whitefish fillets
- Nonstick cooking spray
- 4 ounces multigrain tortilla chips, such as Food Should Taste Good brand
- $\frac{1}{8}$ to $\frac{1}{4}$ teaspoon cayenne pepper

- $\frac{1}{3}$ cup refrigerated or frozen egg product, thawed
- 1 15-ounce can no-salt-added black beans, rinsed and drained
- $\frac{1}{2}$ cup halved cherry tomatoes
- $\frac{1}{2}$ cup chopped green sweet pepper
- $\frac{1}{4}$ cup finely chopped red onion
- 2 tablespoons snipped fresh oregano
- 2 tablespoons snipped fresh Italian parsley
- 1 tablespoon lemon juice
- 2 teaspoons olive oil
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{4}$ teaspoon ground cumin
- $\frac{1}{4}$ cup crumbled queso fresco (1 ounce)
- Snipped fresh Italian parsley (optional)

1. Thaw fish, if frozen. Preheat oven to 425°F. Line a baking sheet with foil. Coat foil with cooking spray; set baking sheet aside.

2. In a food processor combine tortilla chips and cayenne pepper. Cover and process until very finely crushed. Transfer to a shallow dish.

3. Rinse fish; pat dry with paper towels. Pour egg into another shallow dish. Dip fish in egg, then in crushed tortilla chips, turning to coat and pressing to adhere. Place fish on the prepared baking sheet. Lightly coat tops of fish with cooking spray. Bake 8 to 10 minutes or until fish flakes easily when tested with a fork.

4. Meanwhile, for bean salad, in a medium bowl combine black beans, tomatoes, sweet pepper, onion, oregano, the 2 tablespoons parsley, the lemon juice, oil, salt, and cumin. Serve fish on top of bean salad. Sprinkle with queso fresco and, if desired, additional parsley.

PER SERVING: 361 cal., 11 g total fat (2 g sat. fat), 46 mg chol., 401 mg sodium, 35 g carb. (8 g fiber, 3 g sugars), 28 g pro.

PROTEIN SPOTLIGHT: PORK TENDERLOIN

Continued from page 75

Mexican-Spiced Pork Medallions with Cheddar-Jalapeño Polenta

SERVINGS 4 (2 pork medallions and $\frac{1}{2}$ cup polenta each)

CARB. PER SERVING 31 g

PREP 20 minutes **COOK** 5 minutes

- 4 teaspoons olive oil
- $\frac{1}{2}$ cup chopped onion
- 1 fresh jalapeño chile pepper, seeded and minced*
- 1 14.5-ounce can reduced-sodium chicken broth
- $\frac{1}{2}$ cup quick-cooking polenta mix
- $\frac{3}{4}$ cup shredded reduced-fat cheddar cheese (3 ounces)
- 2 teaspoons chili powder
- $\frac{1}{2}$ teaspoon garlic powder
- $\frac{1}{2}$ teaspoon ground cumin
- $\frac{1}{4}$ teaspoon dried oregano, crushed
- $\frac{1}{4}$ teaspoon ground coriander
- 1 1-pound natural pork tenderloin

1. For polenta, in a medium saucepan heat 2 teaspoons of the oil over medium heat. Add onion and jalapeño pepper; cook and stir 5 minutes. Add broth and $\frac{1}{3}$ cup water. Bring to boiling. Gradually add polenta mix, stirring constantly. Reduce heat to low. Cook about 5 minutes or until thickened. Stir in cheese until melted. Remove from heat; cover and keep warm.**

2. In a small bowl stir together chili powder, garlic powder, cumin, oregano, coriander, $\frac{1}{4}$ teaspoon black pepper, and $\frac{1}{8}$ teaspoon salt.

3. Trim fat from meat. Cut meat crosswise into eight pieces. Place each piece between two pieces of plastic wrap. Using the flat side of a meat mallet, pound meat lightly until about $\frac{1}{2}$ inch thick. Remove plastic wrap. Sprinkle spice mixture over meat; rub in with your fingers.

4. In an extra-large nonstick skillet heat the remaining 2 teaspoons oil over medium-high heat. Add meat; cook about 5 minutes or until browned but still slightly pink in center, turning once. Serve meat over polenta. If desired, sprinkle with fresh cilantro.

***TEST KITCHEN TIP:** Chile peppers contain oils that can irritate skin and eyes. Wear plastic or rubber gloves when working with them.

****TEST KITCHEN TIP:** If the polenta becomes too thick while standing, stir in additional water as needed to reach desired consistency.

PER SERVING: 368 cal., 12 g total fat (4 g sat. fat), 88 mg chol., 554 mg sodium, 31 g carb. (5 g fiber, 1 g sugars), 34 g pro.

Bacon-Wrapped Pork Tenderloin with Honey-Almond Green Beans

SERVINGS 4 (3 ounces cooked tenderloin and about $\frac{1}{2}$ cup green beans each)

CARB. PER SERVING 28 g

PREP 20 minutes **ROAST** 25 minutes

- $\frac{1}{4}$ cup cherry preserves, large pieces snipped
- 1 teaspoon red wine vinegar
- 1 1-pound natural pork tenderloin
- 10 slices lower-sodium, less-fat bacon
- 1 tablespoon olive oil
- 8 ounces green beans, trimmed if desired
- $\frac{1}{4}$ cup reduced-sodium chicken broth
- 2 tablespoons honey
- $\frac{1}{4}$ cup sliced almonds, toasted

1. Preheat oven to 425°F. Line a shallow roasting pan with foil. Place a rack on top of foil; set pan aside. In a small bowl stir together cherry preserves and vinegar; set aside.

2. Trim fat from tenderloin. Lay bacon side by side on a work surface, overlapping slightly. Place tenderloin crosswise on bacon and

roll up, wrapping bacon around tenderloin. Place pork, bacon ends down, on rack in prepared roasting pan. Roast 20 minutes. Brush top of wrapped tenderloin with preserves mixture. Roast 5 to 10 minutes more or until bacon is crisp and instant-read thermometer inserted in tenderloin registers 145°F. Remove from oven; let stand 3 minutes.

3. Meanwhile, in a large skillet heat oil over medium-high heat. Add beans; cook and stir 3 to 5 minutes or just until crisp-tender. Add broth, honey, and $\frac{1}{4}$ teaspoon salt. Cook and stir 3 minutes more or until liquid is nearly evaporated. Stir in almonds. Slice tenderloin and serve with beans.

PER SERVING: 351 cal., 12 g total fat (3 g sat. fat), 82 mg chol., 426 mg sodium, 28 g carb. (2 g fiber, 20 g sugars), 31 g pro.

YOU CAN'T BEET VEGGIES

Continued from page 83

Baby Beets with Goat Cheese and Fennel

SERVINGS 6 ($\frac{1}{3}$ cup beets and $\frac{1}{3}$ cup fennel each)

CARB. PER SERVING 14 g

PREP 45 minutes **ROAST** 45 minutes

MARINATE 1 hour

- 8 ounces baby golden beets
- $\frac{1}{4}$ cup olive oil
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{2}$ teaspoon black pepper
- 8 ounces baby red beets
- 1 tablespoon sherry vinegar
- 1 tablespoon honey
- 1 teaspoon Dijon-style mustard
- 1 large fennel bulb with leaves
- $1\frac{1}{2}$ tablespoons lemon juice
- 1 teaspoon thinly sliced fresh mint
- $\frac{1}{2}$ cup crumbled goat cheese (chèvre) (2 ounces)

1. Preheat oven to 350°F. Place golden beets on a piece of heavy foil. Drizzle with 2 teaspoons of the oil; sprinkle with $\frac{1}{8}$ teaspoon of the salt and $\frac{1}{8}$ teaspoon of the pepper. Bring up

two opposite edges of foil; seal with a double fold. Fold the remaining ends to completely enclose beets, leaving space for steam to build. On a second piece of heavy foil, repeat with the red beets and another 2 teaspoons of the oil, $\frac{1}{8}$ teaspoon of the salt, and $\frac{1}{8}$ teaspoon of the pepper. Roast about 45 minutes or until beets are tender. Carefully open packets to release steam. Peel skins from beets under cool running water while they are hot. Halve or quarter beets and place each color in a separate bowl.

2. For dressing, in a small bowl whisk together vinegar, honey, mustard, 2 tablespoons of the oil, $\frac{1}{8}$ teaspoon of the salt, and $\frac{1}{8}$ teaspoon of the pepper. Pour half of the dressing over each color of beets; toss gently to coat. Cover and marinate at room temperature 1 hour.

3. Trim fennel, reserving leaves. Snip a few of the leaves. Using a mandoline or sharp knife, very thinly slice fennel.* Place fennel in a medium bowl. In a small bowl whisk together lemon juice, mint, snipped fennel leaves, and the remaining 2 teaspoons oil, $\frac{1}{8}$ teaspoon salt, and $\frac{1}{8}$ teaspoon pepper. Pour mixture over fennel; toss to coat.

4. To serve, divide fennel among salad plates. Top with each color of beets; sprinkle with goat cheese.

***TEST KITCHEN TIP:** If you do not have a mandoline, use a sharp knife to slice the fennel as thinly as possible.

PER SERVING: 175 cal., 12 g total fat (3 g sat. fat), 7 mg chol., 339 mg sodium, 14 g carb. (4 g fiber, 10 g sugars), 4 g pro.

Autumn on a Plate

SERVINGS 12 (1 cup each)

CARB. PER SERVING 15 g

PREP 40 minutes

ROAST 15 minutes **CHILL** 1 hour

- 1** pound butternut squash, peeled, seeded, and cut into $\frac{1}{2}$ -inch pieces

- 8 ounces Brussels sprouts, trimmed and halved or quartered
- $\frac{1}{4}$ cup olive oil
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{2}$ teaspoon black pepper
- $\frac{1}{3}$ cup sliced leek (1 medium)
- 2 tablespoons lemon juice
- 2 tablespoons honey
- 2 tablespoons sherry vinegar
- 1 tablespoon Dijon-style mustard
- 1 teaspoon snipped fresh tarragon
- 4 cups torn fresh kale (8 ounces)
- 1 cup finely chopped celery root
- 1 cup thinly sliced red cooking apple, such as Braeburn, Fuji, or Gala (1 medium)
- $\frac{1}{4}$ cup blanched skinless hazelnuts, toasted and coarsely chopped
- $\frac{1}{4}$ cup shaved Parmigiano-Reggiano cheese (1 ounce)
- 1 radish, thinly sliced

1. Preheat oven to 425°F. In a large shallow baking pan toss squash, Brussels sprouts, 2 tablespoons of the oil, $\frac{1}{4}$ teaspoon of the salt, and $\frac{1}{4}$ teaspoon of the pepper to combine. Roast 15 to 18 minutes or until vegetables are tender.

2. For vinaigrette, in a bowl whisk together leek, lemon juice, honey, vinegar, mustard, tarragon, and the remaining 2 tablespoons oil, $\frac{1}{4}$ teaspoon salt, and $\frac{1}{4}$ teaspoon pepper.

3. In a large bowl combine kale, celery root, apple, hazelnuts, and squash mixture. Drizzle with vinaigrette; toss gently to coat. Top with cheese and radish. Cover and chill at least 1 hour before serving.

PER SERVING: 128 cal., 7 g total fat (1 g sat. fat), 2 mg chol., 193 mg sodium, 15 g carb. (3 g fiber, 7 g sugars), 3 g pro.

Blistered Broccoli with Garlic and Chiles

SERVINGS 4 (1/2 cup each)

CARB. PER SERVING 7 g

START TO FINISH 30 minutes

- 4 cups broccoli florets*
- 2 tablespoons olive oil
- 2 cloves garlic, thinly sliced
- 1/4 teaspoon crushed red pepper
- 1 teaspoon finely shredded lemon peel
- 2 teaspoons lemon juice
- 1/8 teaspoon fine sea salt

1. Heat a griddle pan or heavy skillet over medium-high heat. Add broccoli; cook about 10 minutes or until blistered on all sides, turning occasionally. Transfer to a bowl.
2. Meanwhile, in a small skillet heat oil over medium heat. Add garlic and crushed red pepper; cook about 5 minutes or until garlic is golden, stirring frequently.
3. Pour oil mixture over broccoli, tossing to coat. Let stand 10 minutes. Stir in lemon peel, lemon juice, and salt.

***TEST KITCHEN TIP:** Make sure your broccoli is dry before cooking to prevent it from steaming in the pan.

PER SERVING: 94 cal., 7 g total fat (1 g sat. fat), 0 mg chol., 99 mg sodium, 7 g carb. (2 g fiber, 2 g sugars), 3 g pro.

Heirloom Tomatoes, Avocado, Mango, and Cucumber

SERVINGS 4 (1 cup each)

CARB. PER SERVING 18 g

START TO FINISH 20 minutes

- 2 cups heirloom cherry tomatoes, halved
- 1 1/2 cups seeded and coarsely chopped English cucumber (1 medium)
- 1 cup coarsely chopped avocado (1 medium)
- 3/4 cup coarsely chopped mango (1 medium)
- 2 tablespoons olive oil

- 1 tablespoon balsamic vinegar
- 1 tablespoon lemon juice
- 1 teaspoon finely snipped fresh mint
- 1 teaspoon finely snipped fresh basil
- 1 teaspoon finely snipped fresh Italian parsley

1. In a medium bowl combine all ingredients with 1/4 teaspoon salt and 1/4 teaspoon black pepper. Toss gently; serve at room temperature.

PER SERVING: 179 cal., 12 g total fat (2 g sat. fat), 0 mg chol., 156 mg sodium, 18 g carb. (5 g fiber, 11 g sugars), 2 g pro.

Pan-Roasted Mushrooms, Herbs, and Spices

SERVINGS 6 (1/3 cup each)

CARB. PER SERVING 4 g

START TO FINISH 30 minutes

- 3 tablespoons olive oil
- 8 ounces fresh cremini mushrooms, quartered
- 2 sprigs fresh thyme
- 3 cloves garlic, sliced
- 1/4 teaspoon crushed red pepper
- 8 ounces fresh oyster, enoki, and/or chanterelle mushrooms
- 1/2 of a lemon
- 1 tablespoon snipped fresh Italian parsley

1. In large skillet heat 1 tablespoon of the oil over medium heat. Add cremini mushrooms, one sprig of thyme, half the garlic, 1/8 teaspoon of the crushed red pepper, and dash each salt and black pepper. Cook and stir 8 minutes or until mushrooms are lightly browned and tender. Remove from skillet.
2. In the same skillet heat another 1 tablespoon of the oil over medium heat. Add oyster, enoki, and/or chanterelle mushrooms and the remaining thyme, garlic, and crushed red pepper. Cook and stir about 5 minutes or until mushrooms are tender. Return the cremini

mushrooms to skillet; heat through. Remove and discard thyme sprigs.

3. To serve, drizzle mushrooms with remaining 1 tablespoon oil. Squeeze on lemon juice. Top with with parsley.

PER SERVING: 84 cal., 7 g total fat (1 g sat. fat), 0 mg chol., 42 mg sodium, 4 g carb. (1 g fiber, 1 g sugars), 3 g pro.

Charred Eggplant, Grilled Onions, Pickled Raisins, and Pine Nuts

SERVINGS 4 (1 1/4 cups each)

CARB. PER SERVING 23 g

PREP 20 minutes **STAND** 30 minutes

GRILL 10 minutes

- 1/4 cup raisins
- 2 tablespoons red wine vinegar
- 1 tablespoon sugar
- 1 1/2 pounds eggplant, cut into 1-inch slices
- 1 large sweet onion, cut into 1/2-inch slices
- 2 tablespoons olive oil
- 1 teaspoon finely shredded lemon peel
- 3 tablespoons lemon juice
- 2 teaspoons balsamic vinegar
- 3 tablespoons pine nuts, toasted
- 1 tablespoon snipped fresh Italian parsley

1. In a 1-quart stainless-steel saucepan combine raisins, 1/4 cup water, red wine vinegar, sugar, and 1 teaspoon salt. Bring to boiling, stirring until sugar is dissolved. Remove from heat. Let stand 30 minutes; drain.
2. Brush both sides of eggplant and onion with oil. Sprinkle with 1/8 teaspoon salt and 1/8 teaspoon black pepper. For charcoal or gas grill, place eggplant and onion on grill rack directly over medium heat. Cover; grill just until vegetables are tender and charred, turning frequently. (Allow 10 to 15 minutes for eggplant and 8 to 10 minutes for onion.)* Remove from grill. Cut eggplant into bite-size pieces.
3. In a large bowl combine raisins, eggplant, onion, lemon peel, and juice. Serve drizzled with balsamic vinegar. Sprinkle with pine nuts and parsley.

***BROILING DIRECTIONS:** Preheat broiler. Place eggplant and onion slices on separate foil-lined baking sheets. Broil 4 to 5 inches from the heat just until vegetables are tender and charred, turning once. (Allow about 11 minutes for eggplant and 8 minutes for onion.)

PER SERVING: 193 cal., 12 g total fat (1 g sat. fat), 0 mg chol., 371 mg sodium, 23 g carb. (6 g fiber, 14 g sugars), 3 g pro.

9x13 DESSERTS

Continued from page 93

Salted Caramel Pretzel-Oat Bars

SERVINGS 18 (1 bar each)

CARB. PER SERVING 29 g

PREP 25 minutes **COOL** 1 hour

- 3 tablespoons unsalted butter
- 1 10-ounce package tiny marshmallows

$4\frac{1}{2}$ cups mini pretzel twists, such as Snyder's of Hanover brand, coarsely broken

1 cup salted pumpkin seeds (pepitas)

$\frac{3}{4}$ cup snipped dried apricots

$\frac{1}{2}$ cup quick-cooking rolled oats

2 tablespoons sugar-free caramel-flavor ice cream topping

$\frac{1}{2}$ teaspoon coarse salt

1. Line a 13x9x2-inch baking pan with foil, extending foil over edges of pan. Coat foil with *nonstick cooking spray*.
2. In a 6-quart Dutch oven melt butter over medium-low heat. Stir in marshmallows just until melted. Remove from heat. Stir in pretzels, pumpkin seeds, apricots, and oats.
3. Using a spatula coated with cooking spray, press pretzel mixture

firmly into the prepared baking pan. Drizzle with caramel topping; sprinkle with salt. Cool completely (about 1 hour). Using edges of foil, lift bars out of pan. Cut into bars.

TO STORE: Layer between sheets of waxed paper in airtight container. Store at room temperature up to 3 days.

PER SERVING: 170 cal., 5 g total fat (2 g sat. fat), 5 mg chol., 183 mg sodium, 29 g carb. (1 g fiber, 12 g sugars), 4 g pro.

Spoonable Pumpkin Pie

SERVINGS 18 ($\frac{3}{4}$ cup each)

CARB. PER SERVING 18 g

PREP 20 minutes

BAKE 10 minutes **CHILL** 4 hours

$1\frac{1}{2}$ cups graham cracker crumbs

$\frac{1}{3}$ cup light butter, melted

1 15-ounce can pumpkin

Continued on page 118 ➔

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Continued from page 117

- 8 ounces reduced-fat cream cheese (Neufchâtel) or whipped cream cheese spread, softened
- 3 1-ounce packages fat-free, sugar-free, reduced-calorie vanilla instant pudding mix
- $\frac{1}{2}$ teaspoons pumpkin pie spice
- $\frac{1}{2}$ teaspoons vanilla
- $\frac{2}{2}$ cups fat-free milk
- 1 8-ounce container frozen light whipped dessert topping, thawed
- $\frac{1}{2}$ cup chopped pecans, toasted

1. Preheat oven to 350°F. For crust, in a food processor combine graham crackers and melted butter. Cover; process until well mixed. Press mixture onto the bottom of a 13x9x2-inch baking dish (3-quart rectangular). Bake about 10 minutes or just until golden; cool.

- 2. In a large mixing bowl beat pumpkin, cream cheese, pudding mix, 1 teaspoon of the pumpkin pie spice, and vanilla on medium to high speed until combined. Gradually add milk, until smooth; spread over crust.
- 3. In the same bowl fold together whipped topping and the remaining $\frac{1}{2}$ teaspoon pumpkin pie spice; spread over pumpkin layer. Sprinkle with pecans. Cover and chill 4 to 8 hours before serving.

PER SERVING: 163 cal., 9 g total fat (4 g sat. fat), 14 mg chol., 300 mg sodium, 18 g carb. (1 g fiber, 7 g sugars), 3 g pro.

Pineapple-Spice Snack Cake

SERVINGS 18 (1 piece each)

CARB. PER SERVING 30 g or 26 g

PREP 30 minutes **BAKE** 25 minutes

- $\frac{1}{4}$ cups all-purpose flour
- 1 cup white whole wheat flour

- $\frac{2}{2}$ teaspoons baking powder
- 2 teaspoons apple pie spice
- $\frac{2}{3}$ cup sugar*
- $\frac{1}{3}$ cup canola oil
- 2 teaspoons vanilla
- 2 eggs
- 1 tablespoon finely shredded orange peel
- 2 20-ounce cans pineapple tidbits (juice pack), undrained
- $\frac{1}{2}$ teaspoon finely shredded orange peel
- $\frac{1}{4}$ cup orange juice
- 3 tablespoons cornstarch
- $\frac{1}{3}$ cup chopped macadamia nuts, toasted

- 1. Preheat oven to 325°F. Coat a 13x9x2-inch baking dish (3-quart rectangular) with *nonstick cooking spray*.
 - 2. In a medium bowl stir together all-purpose flour, white whole wheat flour, baking powder, apple pie spice, and $\frac{1}{2}$ teaspoon salt.
 - 3. In a large mixing bowl beat sugar, oil, and vanilla with an electric mixer until combined. Beat in eggs. Alternately add flour mixture and 1 cup water to egg mixture, beating after each addition just until combined. Stir in 1 tablespoon orange peel; spread in prepared baking dish.
 - 4. Bake about 25 minutes or until a toothpick inserted near center comes out clean. Cool on wire rack.
 - 5. Meanwhile, in a large saucepan combine pineapple, the $\frac{1}{2}$ teaspoon orange peel, juice, and cornstarch. Cook and stir over medium heat until bubbly. Reduce heat; cook and stir 2 minutes more. Cool; pour over cake. Sprinkle with macadamia nuts and additional apple pie spice.
- *SUGAR SUBSTITUTE:** Choose Splenda Sugar Blend. Follow package directions to use product amount equivalent to $\frac{2}{3}$ cup sugar.

PER SERVING: 190 cal., 7 g total fat (1 g sat. fat), 21 mg chol., 155 mg sodium, 30 g carb. (2 g fiber, 16 g sugars), 3 g pro.
PER SERVING WITH SUBSTITUTE: Same as above, except 179 cal., 26 g carb. (12 g sugars).

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***Gluten-free:** These recipes are designed to be prepared with gluten-free ingredients and may be suitable for people who live with celiac disease. Check the ingredients lists on foods you use in these recipes to ensure they do not contain gluten.

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Diabetes didn't bring Mike Aviad and Jessica Apple together, but it's brought them closer. After getting married in 1998, each was diagnosed with type 1 diabetes. Together they realized that life with diabetes doesn't mean "less than." In 2009, the couple created ASweetLife, an online magazine (asweetlife.org). We caught up with Jessica.

BY Lauren Grant



diabetes duo Mike Aviad & Jessica Apple

Q | How is your life different after being diagnosed with type 1 diabetes?

A | "One of the hardest things about type 1 diabetes is that it robs you of spontaneity. On the flip side, always being prepared (and responsible) has benefits. We both take care of ourselves better than we would if we didn't have diabetes."

Q | How has ASweetLife changed since you started it?

A | "We've grown so much! Our scope has increased, we have writers from all walks of the diabetes world, and our standards get higher all the time. The biggest change was becoming a 501(c)(3) nonprofit. We realized that our mission—to help people with diabetes live well—was far more in line with the charitable world than the corporate."

Q | What is your ultimate goal for ASweetLife?

"We would love for our message—that life with diabetes can be sweet—to reach as many people as possible. The less alone you feel, the better your diabetes care is likely to be."

Q | What advice have you received as a person with diabetes that has stayed with you?

A | "Check your blood sugar twice within 20 minutes to know which way you're heading. Some others:

- Lower the basal rate on your insulin pump before you exercise.
- Remember that diabetes is different every day, and what you do one day probably won't work the next.
- The fewer carbs you eat, the less insulin you need and the better your blood sugar will be.
- Forgive yourself."

Q | Diabetes can be tough on relationships when only one person has it. How have you two adapted?

A | "For us, the hardest part is worrying about each other. We both follow a low-carb diet, and we understand truly what it means to be high or low or generally aggravated by diabetes. It's not just empathy; it's really knowing what the other is experiencing."



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Strawberry Flaxtini

- 8 Tbsp Almased
- 1½ cup water
- ½ cup strawberries
- 1 Tbsp ground flaxseeds

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Cocoa Flax

- 8 Tbsp Almased
- 12 oz unsweetened coconut milk
- 2 tsp unsweetened cocoa powder
- 1 Tbsp ground flaxseeds
- ½ tsp nutmeg
- 1 tsp stevia (optional)



Lemon Drop

- 8 Tbsp Almased
- 12 oz water
- 2½ tsp lemon extract
- 1 tsp flaxseed or walnut oil
- 1 tsp stevia (optional)



Chocolate Cherry Love

- 8 Tbsp Almased
- 8 oz unsweetened coconut milk
- 5 oz water
- ¾ tsp cocoa powder
- ¼ tsp cherry extract
- ½ tsp coconut extract
- ½ tsp ground flaxseeds
- ½ tsp chia seeds
- 1 tsp stevia (optional)
- Ice cubes (optional)



You can replace one or two meals a day with an Almased smoothie for weight loss, or add it to your regular diet routine for weight maintenance and wellness.



AVAILABLE AT

Walgreens

Try the new Almased single serving 10-pack! The convenient packaging makes preparing an Almased shake even easier - no measuring necessary. Great for on-the-go, work, travel, and to share with friends. Find stores, more information and delicious smoothie recipes at figureplan.com (enter source code **DLM**) or give us a call at **1-877-256-2733** (toll-free). You can find Almased at your local health food store, Walgreens, GNC and the Vitamin Shoppe or visit www.almased.com.

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease. As always, consult your doctor or health care team before beginning any weight loss program or reducing your dosage of current medications.



*Delicious taste that
helps make temptations*
SHRINK AWAY



9g / **80** / **12g**
*Carbs** / *Calories** / *Protein**



Dannon® Light & Fit® Greek Nonfat Yogurt
*is a great food choice for people with diabetes.***

* Per 5.3 oz

** Consult your Healthcare Professional to learn how Light & Fit Greek can be included as part of a balanced diet.

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